

20:50:02:04.03. Licensure by endorsement. An applicant for licensure by endorsement shall submit the application and fingerprints required by § 20:50:02:02 and pay the application fee for initial licensure pursuant to § 20:50:02:03.01. The application must be supported by written evidence satisfactory to the ~~board~~ South Dakota Board of Examiners in Optometry that the applicant:

(1) Is licensed in good standing to practice optometry in a state or territory under ~~U.S.~~ United States jurisdiction that required passage of a written, entry-level examination certified by the National Board of Examiners in Optometry at the time of initial licensure;

(2) Has either passed the Treatment and Management of Ocular Disease ~~(TMOD) portion of the national examinations~~ examination or ~~has~~ is authorized to use therapeutic pharmaceutical privileges agents; and

(3) 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 application under this section.

The applicant shall request any optometry licensing agency of any ~~U.S.~~ United States jurisdiction in which the applicant is licensed, or has ever been licensed to practice optometry, to provide reports directly to the ~~board~~ South Dakota Board of Examiners in Optometry 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, or refusals to issue or renew a license. The board shall review, on a case-by-case basis, any application received from an optometrist who has had a license revoked by another optometric licensing jurisdiction.~~

~~The board may require additional education, testing, or training before 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; 49 SDR 12, effective August 14, 2022.

General Authority: ~~SDCL 36-7-13(1)~~, 36-7-15(2).

Law Implemented: SDCL 36-7-12.2, 36-7-13, 36-7-15(5).

20:50:02:06. National board examinations required. ~~An~~ To obtain licensure, an applicant must pass the following examinations certified by the National Board of Examiners in Optometry:

- (1) Part I ~~(Applied Basic Science);~~
- (2) Part II ~~(Patient Assessment and Management);~~
- (3) Part III ~~(Clinical Skills, Patient Encounters and Performance Skills);~~ and
- (4) Treatment and Management of Ocular Disease ~~(TMOO).~~

The application must indicate when the applicant took the ~~national board~~ examinations ~~and the subjects covered~~. The applicant must have passed the examinations ~~within the~~ no more than five years before the date of application, licensure in this state unless the applicant is licensed pursuant to § 20:50:02:04.03 in another United States jurisdiction and is seeking licensure by endorsement.

~~The board may require additional education, testing, or training before granting a new application for licensure if the competency of any applicant is in question.~~

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; 49 SDR 12, effective August 14, 2022.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 36-7-11(6), 36-7-12.1, 36-7-15(5).

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.
- 20:50:04:13 Delegation to unlicensed personnel.
- 20:50:04:14 Telehealth.

Appendix A Procedural Code List, Repealed.

20:50:04:13. Delegation to unlicensed personnel. An optometrist may delegate tasks to trained, unlicensed personnel under the supervision of an optometrist. The unlicensed personnel may not perform any task that requires the exercise of professional clinical judgment or interpretation.

An optometrist who delegates tasks to unlicensed personnel is responsible for the outcomes and quality of care provided by the unlicensed personnel. An optometrist shall ensure the unlicensed personnel:

- (1) Is appropriately trained to maintain necessary equipment and supplies; and
- (2) Has demonstrated sufficient proficiency for, and is competent to perform, tasks to be completed.

The optometrist must be immediately available to respond to any question or issue that may arise during the provision of delegated tasks by the unlicensed personnel.

Failure to comply with this section is unprofessional conduct pursuant to SDCL 36-7-25.

Source:

General Authority: SDCL 36-7-15.

Law Implemented: 36-7-25(8), 36-7-25(18).

20:50:04:14. Telehealth. The same standard of care applies to the practice of optometry, whether provided in-person or via telehealth. An optometrist may not provide telehealth services unless the optometrist has established a provider-patient relationship with the patient in compliance with SDCL 34-52-3 and this section.

To provide telehealth services, an optometrist must have provided services to the patient at an in-person consultation no more than three years prior to the date when telehealth services are provided. An optometrist may provide telehealth services in the absence of a provider-patient relationship when, in the professional clinical judgment of the optometrist, the patient requires emergency care.

Before providing telehealth services, the optometrist must:

- (1) Disclose to the patient the methods of telehealth delivery and treatment, and any limitations; and
- (2) Obtain written consent from the patient to receive telehealth services.

An optometrist treating a patient through telehealth shall perform a comprehensive optometric examination, as described in § 20:50:07:01, before prescribing eyeglasses or contact lenses to the patient.

An optometrist providing telehealth services shall establish protocols for referrals for emergency services.

An optometrist providing telehealth services may not issue a prescription for any controlled substance to the patient for whom telehealth services are provided.

Failure to comply with this section is unprofessional conduct pursuant to SDCL 36-7-25.

Source:

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 34-52-2, 34-52-3, 36-7-25(8).

CHAPTER 20:50:06

OFFICE AND EQUIPMENT REQUIREMENTS

Section

20:50:06:01 Minimum office equipment.

20:50:06:01.01 Telehealth office equipment.

20:50:06:02 Inspection of office for a new applicant.

20:50:06:02.01 Inspection of office for new establishments.

20:50:06:01. Minimum office equipment. A licensed optometrist's office must ~~include~~ contain the following equipment, ~~which must be kept~~ maintained in good condition:

- (1) Ophthalmic chair and instrument unit;
- (2) Retinoscope;
- (3) ~~Ophthalmoscope~~ Direct ophthalmoscope;
- (4) Binocular indirect ophthalmoscope;
- (5) Phoropter;
- (~~5~~)(6) Keratometer;
- (~~6~~)(7) Trial lens set;
- (~~7~~)(8) Trial frame;
- (~~8~~)(9) Transilluminator;
- (~~9~~)(10) Projector chart or other luminous acuity chart;
- (~~10~~)(11) Biomicroscope;
- (~~11~~)(12) Instrument to evaluate intraocular pressure;
- (~~12~~)(13) Permanent patient record system;
- (~~13~~)(14) Visual fields instrument;
- (~~14~~)(15) Color vision test equipment; and
- (~~15~~)(16) Sanitary lavatory basin.

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; 34 SDR 101, effective October 18, 2007; 49 SDR 12, effective August 14, 2022.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(2)~~ 36-7-25(8).

20:50:06:01.01. Telehealth office equipment. In addition to the equipment in § 20:56:06:01, an optometrist providing telehealth services shall maintain an office containing the following equipment, maintained in good condition:

(1) Anterior segment video recording system; and

(2) Full field imaging system or fundus camera.

Source:

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 36-7-25(8).

20:50:06:02. Inspection of office for a new applicant. ~~A licensee shall inform the board within 60 days following the establishment of a new practice of optometry in this state. The board may conduct an inspection of the office facility and procedures.~~

The board shall conduct an office inspection, in accordance with SDCL 36-7-30, prior to the issuance of a license, unless the applicant:

- (1) Indicates on the initial license application that the applicant has arranged a bona fide association with a licensed optometrist at an office that has been inspected by the board within the past two years and meets the requirements of §§ 20:50:06:01 and 20:50:06:01.01; or
- (2) Is entering the military or other governmental service.

The applicant shall appear in person for a board inspection.

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; 49 SDR 12, effective August 14, 2022.

General Authority: SDCL 36-7-15(2).

Law Implemented: ~~SDCL 36-7-15(2)~~ 36-7-25(8), 36-7-30.

Cross-Reference: Issuance of license, § 20:50:02:07.

20:50:06:02.01. Inspection of office for new establishments. A licensed optometrist shall inform the board within sixty days of establishing a new practice of optometry in this state for purposes of inspection in accordance with SDCL 36-7-30.

The licensee shall appear in person for a board inspection.

Source:

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 36-7-25(8), 36-7-30.

CHAPTER 20:50:11
CORPORATE PRACTICE

Section

- 20:50:11:01 Application for registration.
- 20:50:11:02 Professional corporation -- Admitting shareholder.
- 20:50:11:03 Renewal of certificate of registration.

20:50:11:01. Application for registration. ~~Initial applications~~ An initial application for registration for of a professional corporations shall include the following optometric corporation must contain, in addition to the information specified in SDCL 47-11B-8, the following:

- ~~(1) Name and address of the corporation;~~
- ~~(2)~~(1) A copy of ~~its~~ the corporation's certificate of incorporation;
- ~~(3)~~(2) A copy of ~~its~~ the corporation's articles of incorporation;
- ~~(4)~~(3) A copy of the minutes of ~~its~~ the corporation's organizational meeting;
- ~~(5)~~(4) A copy of the corporation's insurance binder;
- ~~(6)~~(5) A registration fee of ~~\$50~~ required by SDCL 4-11B-9; and
- ~~(7)~~(6) A sworn statement from the president of the corporation stating that the corporation will not hold itself out to the public as possessing any skills or expertise not possessed by optometrists in noncorporate practice.

Source: 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 47-11B-23.

Law Implemented: SDCL 47-11B-8, 47-11B-9, ~~47-11B-18~~.

20:50:11:03. Renewal of certificate of registration. Each registered optometric corporation shall submit to the board by December 1 of each year an application for renewal of its certificate of registration. ~~The application fee as required by SDCL 47-11B-13 shall accompany the application.~~

Source: 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 47-11B-23.

Law Implemented: SDCL 47-11B-13.



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

AGENDA

Monday, April 7, 2025
Public Rules Hearing and Regular Meeting
AmericInn- Conference Room
312 Island Drive, Fort Pierre, SD 57532
8:00 a.m. (CST)

1. Public Rules Hearing
2. Approval of Agenda
3. Board Member Request for Conflict Waiver
4. Public Comment
5. Approve minutes from the virtual meeting on January 27, 2025.
6. Treasurer's Report
 - a. Financial Reports
7. Board Review and Approve CE Courses
 - a. Non-COPE CE Approval
8. Old Business
 - a. National and State Issues Monitored
 - b. Statute & Administrative Rule Review
9. New Business
 - a. Licensing
 - New License Applications (9)
 - Advanced Procedures Applications (16)
 - Renewal Page Updates
 - b. Applications
 - General Application
 - o Law Attestation Appendix
 - o Online Application and Notary Process
 - Advanced Procedure Applications
 - c. Board Member Terms
 - Vice President
 - d. Contracts
 - Board Investigator
 - Codewise

- Executive Secretary RFP

10. Time and place of next meeting

11. Adjournment

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

The public may listen to and participate in the meeting by calling 1-253-205-0468 (Meeting ID: 673 963 1412). Zoom link: <https://us02web.zoom.us/j/6739631412?omn=87894283819>



South Dakota Board of Examiners in Optometry
Meeting Minutes
May 20, 2024
6:00 PM (CST)
Virtual Meeting

DRAFT MINUTES
 HAVE NOT BEEN
 APPROVED BY THE
 BOARD

Board Members	Board Staff Present
Jamie Farmen, Consumer Member Present Brian Gill, OD Present Shane Hartman, OD Present Angela Hase, OD, President Present Scott Schirber, OD Present	Deni Martin, Executive Secretary Megan Borchert, Board General Counsel
	Guests
	None

Attendance: President Hase called the meeting to order at 6:01pm on January 27, 2025.

1. Approval of Agenda:

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

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

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

3. Public Comment: None

4. Approval Minutes:

Board Action: B Gill moved to approve the minutes from the in-person meeting on August 19, 2024, seconded by J Farmen. Vote:

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

5. CE Pre-Approval Request:

Board Action: D Martin presented a continuing education request found on pages 17-28 of the agenda packet. S Hartman moved to approved this CE request, seconded by S Schirber. Vote:

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

6a. Administrative Rule Review: Discussion was had whether it was needed to add language regarding advertising for new advanced procedures, but agreed that advertising specific procedures for which an optometrist was certified complied with existing rules.

Discussion was also had regarding current and/or future courses to meet advanced procedure requirements because as technology evolves, some topics covered in these courses may be outside of the scope of practice of South Dakota licensed optometrists. The board indicated that D Martin should send out an informational email to clarify that it is the responsibility of the licensee to practice within their scope of practice regardless what may be taught in a continuing education course. An attestation of this will be added to the online license renewal form and advanced procedures applications. Edited versions of the applications will be brought to the next board meeting for review and approval.

S Schirber moved to approve the proposed administrative rule packet and move forward with the rules promulgation process, with the exception of a correction of a typo of “ing” on 20:50:04:14, seconded by S Harman. Vote:

7.:

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

- Monday, April 7, 2025- In-Person Meeting**
 AmericInn- Conference Room
 312 Island Drive, Fort Pierre, SD 57532
 8:00am (CST)
 *Public Rules Hearing at 8:00am to be followed by regular meeting.

8. Adjournment:

Board Action: J Farmen moved to adjourn meeting at 7:34pm, seconded by B Gill. Vote:

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

Remaining Authority by Object/Subobject

Expenditures current through 03/01/2025 10:50:17 AM

HEALTH -- Summary

FY 2025 Version -- AS -- Budgeted and Informational

FY Remaining: 33.4 %

09208 Board of Optometry - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
EMPLOYEE SALARIES						
5101030 Board & Comm Mbrs Fees	3,516	1,328	0	0	2,188	62.2
Subtotal	3,516	1,328	0	0	2,188	62.2
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	334	102	0	0	232	69.5
Subtotal	334	102	0	0	232	69.5
51 Personal Services						
Subtotal	3,850	1,430	0	0	2,420	62.9
TRAVEL						
5203020 Auto Priv (in-st.) L/rte	200	0	0	0	200	100.0
5203030 Auto-priv (in-st.) H/rte	1,181	464	0	0	717	60.7
5203100 Lodging/in-state	491	227	0	0	264	53.8
5203140 Meals/taxable/in-state	258	0	0	0	258	100.0
5203150 Non-taxable Meals/in-st	200	68	0	0	132	66.0
5203260 Air-comm-out-of-state	0	593	0	0	-593	0.0
5203280 Other-public-out-of-state	0	25	0	0	-25	0.0
5203300 Lodging/out-state	0	677	0	0	-677	0.0
5203350 Non-taxable Meals/out-st	0	150	0	0	-150	0.0
Subtotal	2,330	2,204	0	0	126	5.4
CONTRACTUAL SERVICES						
5204020 Dues & Membership Fees	850	0	0	0	850	100.0
5204050 Computer Consultant	1,000	2,445	7,555	0	-9,000	0.0
5204080 Legal Consultant	15,000	2,876	0	0	12,124	80.8
5204090 Management Consultant	49,700	37,183	12,317	0	200	0.4
5204100 Medical Consultant	2,000	0	6,000	0	-4,000	0.0
5204160 Workshop Registration Fee	0	550	0	0	-550	0.0
5204180 Computer Services-state	471	722	0	0	-251	0.0
5204200 Central Services	1,525	1,578	0	0	-53	0.0
5204204 Central Services	305	229	0	0	76	24.9
5204207 Central Services	306	89	0	0	217	70.9
5204590 Ins Premiums & Surety Bds	600	0	0	0	600	100.0
5204960 Other Contractual Service	0	1,788	0	0	-1,788	0.0
Subtotal	71,757	47,460	25,872	0	-1,575	0.0
SUPPLIES & MATERIALS						

Remaining Authority by Object/Subobject

Expenditures current through 03/01/2025 10:50:17 AM

HEALTH -- Summary

FY 2025 Version -- AS -- Budgeted and Informational

FY Remaining: 33.4 %

09208 Board of Optometry - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
5205310 Printing-state	800	276	0	0	524	65.5
5205350 Postage	0	22	0	0	-22	0.0
Subtotal	800	298	0	0	502	62.8
<hr/>						
52 Operating						
Subtotal	74,887	49,962	25,872	0	-947	0.0
<hr/>						
Total	78,737	51,392	25,872	0	1,473	1.9

Subobject	Description	FY15 Actual	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Actual	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Actual	FY24 Actual	FY25 3/1/2025
	Salaries											
5101030	Board & Comm Members	660	780	900	660	600	1,020	180	1,800	1,080	1,560	1,328
5102010	OASI-Employer's	51	61	69	50	46	81	14	138	85	120	102
5203010	Auto-State											
	Board Member Travel	855	1,229	1,002	1,467	1,482	2,131	-	1,114	1,058	2,580	2,204
	*Includes: Auto, Meals, Lodging											
5204020	Dues & Memberships	750	750	750	750	750	850	850	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)	406	1,595	175	350	315	128	765	128	21,675	8,585	2,445
5204100	Medical Consultant (investigator)	-	360	2,140	-	753	-	248	-	158		
5204080	Legal Consultant	16,949	12,623	30,665	26,376	15,388	21,202	7,150	7,196	7,647	15,784	2,876
5204090	Management Consultant	28,588	31,703	33,924	34,541	35,214	35,251	34,366	37,051	42,657	47,611	37,183
5204160	Workshop Registration Fee											550
5204180	Central Services: Computer Login			213	158	62	76	84	90	261	1019	722
5204181	Central Services											125
5204200	Central Services: Accounting	802	828	1,125	1,115	1,195	1,262	1,069	1,062	1,411	2,467	1,578
5204202	Central Services: Property Management											11
5204203	Central Services: Purchasing Services											8
5204204	Central Services: Records	233	192	192	199	245	286	274	246	246	275	229
5204207	Central Services: HR	208	242	293	230	205	360	44	524	519	783	89
5204530	Telecommunications Services											113
5204960	Other Contractual					75						1773
5205310	Printing-State		1048			385	626	482		620		276
5204590	Ins Premiums & Surety Bds	740	380	335	815	900	880	245	825	995	855	
5205350	Postage		36			9		13		30		22
5207905	Computer	1868										
5207451	Office Furniture and Fixtures											
5207491	Telephone Equipment							25				
5207901	Computer Hardware/Software							157			1700	
52053901	Food Stuffs						24					
	TOTAL EXPENSES	56,110.00	55,827.00	75,783.00	70,711.00	61,624.00	68,177.00	49,966.00	55,024.00	83,292.00	90,219.00	51,392.00
	TOTAL REVENUE	54,491.16	71,403.85	72,734.74	73,801.78	75,524.55	75,454.24	76,015.09	74,391.35	74,471.27	80,563.92	85,660.56
	REVENUE - EXPENSES	-1,618.84	15,576.85	-3,048.26	3,090.78	13,900.55	7,277.24	26,049.09	19,367.35	-8,820.73	-9,655.08	34,268.56
	CASH CENTER BALANCE	36,406.28	51,986.12	48,935.18	52,025.36	65,925.77	73,202.49	94,237.52	113,607.19	104,787.20	95,131.32	129,400.45

Cash Center Balance- Same time in previous years:

3/1/2024	115,879.27
3/1/2023	126,560.85
3/1/2022	131,684.19
3/1/2021	109,450.67

They will need to initial after these new items:

Before proceeding to the next section, I attest that I am the individual licensed to practice optometry in the State of South Dakota. I understand that allowing someone else to answer the following questions on my behalf may be considered unprofessional conduct and could subject my license to disciplinary action. I understand that I am responsible for the content and accuracy of information provided on the renewal form.

I attest that I understand the laws governing South Dakota optometrists are available on the South Dakota Board of Examiners in Optometry's website (ARSD Article 20:50, SDCL Chapter 36-7, and SDCL Chapter 47-11B) and that it is my responsibility to read these laws and stay informed of any changes. I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of optometry in South Dakota.

I understand that South Dakota has adopted options for advanced procedures, and that obtaining the authority to practice these procedures requires a separate application and certification process. However, once certified, renewal for these procedures is included in this annual renewal fee.

I further understand that, while I may attend continuing education courses outside my personal scope of practice, it remains my responsibility to ensure I practice only within my authorized scope, regardless of any continuing education received.

Remove old numbers 1-9, and replace with the ones on the next page:

1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a felony?	<input type="checkbox"/>	View File
2. Have you even been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?	<input type="checkbox"/>	View File
3. Is there any pending criminal prosecution against you?	<input type="checkbox"/>	View File
4. Are you currently being investigated or is a disciplinary action pending against any professional license(s) or certificate(s) held by you?	<input type="checkbox"/>	View File
5. Has any license, registration, permit or certificate held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?	<input type="checkbox"/>	View File
6. Have you ever been denied a license to practice optometry in another state?	<input type="checkbox"/>	View File
7. Have you ever been subject to a negligence or malpractice judgement or settlement during the scope of your practice?	<input type="checkbox"/>	View File
8. In the five years prior to application, have you had habitual addiction to alcohol or any other substance?	<input type="checkbox"/>	View File
9. Have you had adverse action or ethical violation(s) during any education, residency or training program?	<input type="checkbox"/>	View File

PERSONAL HISTORY INFORMATION

1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

2. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

Please note: *If you answered YES to 1 or 2, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice as an optometrist, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation.*

This does not include records that have been sealed, expunged or pardoned.

3. Is there any pending criminal prosecution against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has any license, registration, permit or certificate held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been denied a license to practice optometry in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been subject to a negligence or malpractice judgment or settlement during the scope and course of your practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice optometry in a competent, ethical, and professional manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: *For questions 3-8 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send all supporting applicable documents. You must attach supporting documents to the signed and dated explanation. Please put supporting documents in chronological order (most recent first).*



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

OPTOMETRY LICENSE APPLICATION

Requirements and Instructions- Applicant may keep the first two pages for reference.

- Complete and mail enclosed application (pages 1-5). The application fee of \$175.00 must be sent by check or money order with the application. It is good for one year from the date received. The application fee is non-refundable and must be paid again if reapplying after the expiration of the application. The PDF document may be filled out electronically, but must be signed in ink and mailed to the address above.
- National Board Scores must be sent to the South Dakota Board of Optometry directly from the National Board of Examiners in Optometry.
- Official transcripts are required from all pre-optometric and optometric university education and must be sent directly from the school. Copies or unofficial transcripts will not be accepted.
- Pursuant to SDCL 36-7-12.2, effective July 1, 2009, each applicant for licensure is required to submit a full set of fingerprints with the completed application to obtain a state and federal criminal background check.
 - Upon receipt of this application, you will receive an email from us with further instructions regarding submission of fingerprints and completion of the background check.
 - You will be asked if you will be completing the fingerprints in South Dakota or another state. If you will be completing them in South Dakota, you will have the option for Livescan digital fingerprints and electronic submission as well as online payment. This is not yet an option for individuals wishing to process the fingerprints in another state.
 - Your application will not be processed until the results of the background check have been received.
 - This board does not issue temporary licenses or special permits.
 - Completion of the background check takes approximately 4-6 weeks; however, that depends on the volume of inquiries at the time of submission. Completing them in South Dakota will expedite the process.
- Two references of good moral character must be submitted using forms Appendix A and B.
- License verification forms from Appendix C must be submitted for each state listed in the “record of licensure” on page 4. Standard forms from other states will also be accepted.
- The verification of practice location must be submitted using form Appendix D.
- When all documents have been received, you will receive notification that includes information regarding the estimated timeline for licensure and pro-rated license fee. This email will contain instructions for payment.

PLEASE NOTE: This document is our general application for new licenses. If this application is approved, the privileges granted through this approval include:

36-7-1. The practice of optometry is declared to be a profession and is defined as:

- (1) The examination of the human eye and its appendages;
- (2) The employment of any means for the measurement of the powers of visions, or any visual, muscular, neurological, interpretative, or anatomical anomaly of the visual process;
- (3) The prescribing or employment of lenses, prisms, frames, mountings, and visual training procedures;
- (4) The prescribing or administration, except by injection unless otherwise permitted by this chapter, of any pharmaceutical agent rational to the diagnosis and treatment of the human eye and its appendages;
- (5) The employment of any means or method for the correction, remedy, or relief of any insufficiency or abnormal condition of the visual process of the human eye and its appendages, provided the term "any means or method" does not include surgeries, unless otherwise permitted by this chapter;
- (6) The removal of a superficial foreign body from the eye;
- (7) The prescribing of contact lenses, except by a physician licensed under chapter 36-4;
- (8) The use of intense pulsed light for the treatment of dry eye disease;

Advanced Procedures: Advanced procedures have been approved by legislative authority; however, South Dakota licensed optometrists may NOT perform these procedures until they have been authorized by the Board by using the advanced procedures application(s) that can be found on our website. **These are two separate application processes and none of these procedures may be conducted until an advanced procedure application has been approved.**

Advanced procedures include:

- Intradermal Injection of a Paralytic Agent (**INJ-PA**)
- Intralesional Injection of a Steroid to Treat a Chalazion (**INJ-S**)
- Use of Local Anesthetic in Conjunction with the Primary Removal of a Pedunculated Skin Tag (**ST**)
- Performance of a Selective Laser Trabeculoplasty (**LAS-T**)
- Performance of a Posterior Capsulotomy using an Yttrium Aluminum Garnet Laser (**LAS-YAG**)



If an optometrist receives certification in all of the above procedures, an (**AP**) will be placed after their license number. This will be the highest level of licensure for a South Dakota optometrist.

*Any procedure referenced above, when performed by an optometrist licensed in SDCL [36-7](#), does not constitute the practice of medicine, for purposes of SDCL 36-4. Nothing in the scope of practice may be construed to allow the performance of intraocular injections, intraocular surgery, or refractive surgery by an optometrist.



Attach Photo Here

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

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OPTOMETRY LICENSE APPLICATION

DEMOGRAPHIC INFORMATION

First Name:		Middle Name:		Last Name:	
Social Security #:			Birth Date:		Gender:

Have you ever been known under any other name? Yes No If yes, list name(s):

Personal Contact Information

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

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

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

South Dakota Practice Information: Appendix D is required to be submitted to verify location of practice.

20:50:02:07. Certificate of registration. The Board may not issue a license to a successful applicant until the applicant has secured and equipped an office in this state that meets the requirements of 20:50:06:01 or has arranged a bona fide association with a licensed optometrist in this state who has an office that meets those requirements. This section does not apply when the applicant is in or entering the military or other governmental service.

Where do you prefer to receive mail correspondence from the board? Home Address: Practice Address:

DEA Number (If applicable):

Please note: If you have not currently secured a location to practice in South Dakota, you may still submit your application. This information can be added at a later date using the document on Appendix D.

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

National Board of Examiners in Optometry Exam Required

Date of Exam:	OE Tracker Number:
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Have you requested to have your NBEO scores submitted to this board: YES NO

EDUCATION**High School Graduation**

High School Name:	City and State:	Graduation Date:
-------------------	-----------------	------------------

Pre-Optometric College Education

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

Name of School	Address	Start Date	End Date

Degree Received:	Date of Graduation:
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Education in Optometry

Name of School	Address	Start Date	End Date

Degree Received:	Date of Graduation:
------------------	---------------------

MILITARY BACKGROUND

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

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

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

CRIMINAL BACKGROUND INVESTIGATION

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

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

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

You must check one of the following:

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

RECORD OF LICENSURE

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

State	License Number	Issue Date	Expiration Date	Adverse Action: Formal or Informal Reprimand
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.
				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below.

Explanation of adverse action(s):

Please note: In order to complete this application, the license verification form on page 9 must be completed and returned by the state licensing board from each state listed above. States may also use their own forms; however, they must submit directly to us.

PERSONAL HISTORY INFORMATION

- | | |
|---|--|
| 1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you ever been convicted, pled no contest/nolo contender, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please note: If you answered YES to 1 or 2, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice as an optometrist, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation.

This does not include records that have been sealed, expunged or pardoned.

3. Is there any pending criminal prosecution against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has any license, registration, permit or certificate held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been denied a license to practice optometry in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been subject to a negligence or malpractice judgment or settlement during the scope and course of your practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice optometry in a competent, ethical, and professional manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: For questions 3-8 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send all supporting applicable documents. You must attach supporting documents to the signed and dated explanation. Please put supporting documents in chronological order (most recent first).

ENDORSEMENT REQUIREMENTS

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

20:50:02:04.03. Licensure by endorsement. An applicant for licensure by endorsement shall submit the application and fingerprints required by 20:50:02:02 and pay the application fee for initial licensure pursuant to 20:50:02:03.01. The application must be supported by written evidence satisfactory to the board that the applicant:

- (1) 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) Has either passed the Treatment and Management of Ocular Disease (TMOD) portion of the national examinations or has therapeutic pharmaceutical privileges; and
- (3) 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 application under this section.

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, or refusals to issue or renew a license. The board shall review, on a case-by-case basis, any application received from an optometrist who has had a license revoked by another optometric licensing jurisdiction.

The board may require additional education, testing, or training before 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.

Have you met all of the requirements described above to be issued licensure through endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

Please note: If you answered NO to the above question, please provide written documentation of circumstances. You must also attach any applicable supporting documents.

- No person shall be eligible for licensure unless such person is a full eighteen years old, a citizen of the United States of America, of good moral character, and a graduate of an accredited high school.
- An applicant for a license to practice optometry in the State of South Dakota shall be a graduate from an institution recognized and approved by the South Dakota Board of Examiners in Optometry.
- An applicant must submit to the federal and state background investigations and pay the fees associated with that investigation as set by the state and federal entities. By submitting this document, you are authorizing this board to conduct federal and state background checks.
- An applicant must file with the board, a properly executed application together with a non-refundable application fee of \$175.00 in the form of a certified check, or money order, payable to the South Dakota Board of Examiners in Optometry, upon completion of the National Board Examination. The application is current for one year after the date in which it was received. After this date, the application will expire and the \$175.00 must be paid again to reapply.
- While an applicant is asked to provide a social security number on this application, an independent license number will be issued upon licensure.
- Upon licensure, general license, practice address, and disciplinary actions will be posted on the South Dakota Board of Examiner’s website. Licensee demographic information may also be shared with other state entities for statistical purposes.
- I will carefully read and study the South Dakota Optometry Laws, including South Dakota Codified Law chapters 36-7 and 47-11B, and Administrative Rules of South Dakota Article 20:50. By signing this form, I am also attesting that I have done so and will comply with these laws.
- I will further faithfully submit and conform myself and my actions to obey, observe, perform, fulfill, and keep all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota. I will at all times assist the duly constituted authorities in enforcement of the laws governing Optometry in South Dakota.
- I hereby agree that if I furnish false information, or I shall violate the above agreements, the board may find me ineligible for licensure. I understand that I must notify the board of any changes to information in the application after submission.

CERTIFYING STATEMENT

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief all information contained herein is true and correct and that the photograph attached hereto is a true likeness of myself.

I hereby authorize the State Board of Examiners in Optometry to verify any and all information contained in this application. I authorize the South Dakota Board of Examiners in Optometry to obtain and review any and all records and files pertaining to my licensure and practice in this and any other state in which I am or have been licensed in optometry or have applied to be licensed in optometry, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota.

Signature of Applicant:

Date:

APPLICATION MUST BE NOTARIZED

Printed Name of Notary Public:

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

My commission expires:

End of Application



SD Board of Examiners in Optometry
13537 Dark Timber Ct
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sdoptboard@outlook.com
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Website: <http://optometry.sd.gov>

REFERENCE FORM- APPENDIX A
(Must be signed by an optometrist licensed and in good standing from any U.S. state.)

Please complete this reference form and return electronically or mail to the address shown above.

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

Additional Comments:

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

Your Name (Printed):

Your Signature (Digital Signature Allowed):

Address:

City:

State:

Zip:

Phone:

Email Address:

State of Optometry License (Currently Practicing):

License Number:

Number of Years in Practice:



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REFERENCE FORM- APPENDIX B
(Must be signed by an optometrist licensed and in good standing from any U.S. state.)

Please complete this reference form and return electronically or mail to the address shown above.

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

Additional Comments:

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

Your Name (Printed):

Your Signature (Digital Signature Allowed):

Address:

City:	State:	Zip:
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Phone:

Email Address:

State of Optometry License (Currently Practicing):	License Number:
---	------------------------

Number of Years in Practice:



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REQUEST FOR LICENSE VERIFICATION- APPENDIX C

Must be completed by the regulatory agency of any other state in which you have been licensed. States may also use their own forms.

Applicant Name:		License Number:
Issue Date:	Expiration Date:	
Current License Status: Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Revoked <input type="checkbox"/> Probation <input type="checkbox"/> Other <input type="checkbox"/> _____		
Is this individual considered to be in good standing in your state?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:		
Has this license ever been revoked, suspended, restricted, limited, or placed on probation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:		
Is this individual currently under investigation or charged with a violation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:		
Was this individual required to pass a written examination at the time of initial licensure?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this individual either passed the TMOD portion of the National Board of Examiners exam or have therapeutic pharmaceutical privileges?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:		
<p><i>If this license is not in good standing or has ever been revoked, suspended, restricted, limited, or placed on probation, please provide a copy of the final order or other documentation of action taken.</i></p>		

FORM COMPLETED BY:

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



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VERIFICATION OF PRACTICE LOCATION- APPENDIX D

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

Applicant Name: _____

Please check the box next to the option that best describes your practice location and complete that section:

Option 1:

I am opening my own practice that meets the minimum requirements of:

20:50:06:01. Minimum office equipment. The minimum equipment with which licensed optometrists shall operate their offices and engage in the practice of optometry consists of the following items, all of which shall be kept in good condition:

- (1) Ophthalmic chair and instrument unit;
- (2) Retinoscope;
- (3) Ophthalmoscope;
- (4) Phoropter;
- (5) Keratometer;
- (6) Trial lens set;
- (7) Trial frame;
- (8) Transilluminator;
- (9) Projector chart or other luminous acuity chart;
- (10) Biomicroscope;
- (11) Instrument to evaluate intraocular pressure;
- (12) Permanent patient record system;
- (13) Visual fields instrument;
- (14) Color vision test equipment; and
- (15) Sanitary lavatory basin.

I also understand that the following administrative rule applies to my situation:

20:50:06:02. Inspection of office. Within 60 days following the establishment of a practice of optometry in this state, a new licensee shall inform the secretary of the board. At least one member of the board shall 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.

Practice Street Address: _____

Practice City, State and Zip: _____

Signature of Applicant: _____

Date: _____

VERIFICATION OF PRACTICE LOCATION- APPENDIX D (continued)

Option 2:

I am in or entering the military or other governmental service. I understand that 20:50:02:07 does not apply to my situation.

Signature of Applicant: _____ Date: _____

Option 3:

I have arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting the requirements of 20:50:06:01.

For licensure purposes, bona fide is defined as: made with earnest intent or in good faith without fraud or deceit.

To be completed by registered optometrist licensed under the laws of the State of South Dakota: (Practice Owner)

I hereby attest that I have an office meeting the requirements of 20:50:06:01. I have arranged a bona fide association with the person indicated in this application that he or she will be actively practicing in my office. This association has been made with earnest intent and without fraud or deceit.

Printed Name of SD Licensed Optometrist: _____

Signature of SD Licensed Optometrist: _____ Date: _____

Address of Practice Location: _____

Telephone Number of Practice Location: _____

To be completed by applicant:

I hereby attest that I have arranged a bona fide association with a registered optometrist licensed under the laws of the State of South Dakota who has an office meeting the requirements of 20:50:06:01. This association has been made with earnest intent and without fraud or deceit.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ Date: _____



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APPLICATION FOR INTRADERMAL INJECTION OF A PARALYTIC AGENT CERTIFICATION (INJ-PA)
Application Processing Fee: \$100

Effective July 1, 2024, South Dakota optometrists may perform the advanced procedures as outlined in 36-7-1(9). Until this application has been approved, your current license does not authorize you to practice these procedures in an unsupervised setting. Completion of this application indicates that you intend to provide evidence of competency in the following procedure and no other:

- Intradermal Injection of a Paralytic Agent (**INJ-PA**)

The following procedures require a separate application from this one:

- Intralésional Injection of a Steroid to Treat a Chalazion (**INJ-S**)
- Use of Local Anesthetic in Conjunction with the Primary Removal of a Pedunculated Skin Tag (**ST**)
- Performance of a Selective Laser Trabeculoplasty (**LAS-T**)
- Performance of a Posterior Capsulotomy using an Yttrium Aluminum Garnet Laser (**LAS-YAG**)

Please Note: All applications can be found on the Board’s website. If any sections of this application are incomplete, it will not be processed for approval and will be returned to the applicant.

Requirements for Advanced Procedure Competency

- Completion of a course at least 32 hours in duration that includes the content set forth in 36-7-1 that has been approved by the Board. A list of approved courses may be found on the Board’s website. Completion of this course is required; however, it may be submitted separately from this application and used to meet license renewal continuing education requirements. **This step must be completed prior performing procedures to demonstrate competency.**
- **AFTER** completion of the approved course, demonstration of competency under the presence and direct supervision of an ophthalmologist licensed in this state, or in the presence and under the direct supervision of an optometrists licensed in this state **and authorized by this Board to perform the procedure set forth below with an AP designation associated with their license. This application applies only to the following procedure:**

- Intradermal Injection of a Paralytic Agent: 5 Human Eyes

Instructions:

- 1) Complete an advanced procedures course approved by the Board and submit verification.

Please Note: You may not begin these procedures to demonstrate competency prior to submitting verification of completion of the approved advanced procedures course to the Board.

- 2) Work with a qualified, supervising optometrist or ophthalmologist to demonstrate the competencies listed above. **Applicant and supervisor must be physically in the same location to prove demonstration of competency.**
- 3) Give the form found on page 4-5 of the application to the supervising ophthalmologist or qualified optometrist. ~~Using this form, the supervisor shall notify the board when all requirements of all procedures have been met.~~ Please ~~instruct them do not to~~ submit this form until it is complete. Upon completion, it may be emailed or mailed to the Board directly from the applicant or supervising ophthalmologist or optometrist.
- 4) Upon completion of the course and procedure competency, the applicant will submit the completed, notarized application to the Board with a \$100 application processing fee. If an application is determined to be incomplete, the application and payment will be returned to the applicant.

MUST BE COMPLETED BY APPLICANT

Name: _____ License Number: _____

Telephone: _____ Email Address: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

- Have you completed a course at least 32 hours in duration that includes the content set forth in 36-7-1 that has been approved by the Board? Yes No
- Please check one:
 - I have already submitted certification of this course to the Board.
 - I will be including certification of this course with this application.
- Have you verified that the individual(s) supervising your competency in these advanced procedures is either an ophthalmologist licensed in South Dakota or an optometrist licensed in South Dakota and is authorized by this Board to ~~perform all of the~~supervise the procedures in which you have applied? **(This optometrist will have an AP designation associated with their license number on the verification page of the Board's website, which is the highest level of licensure in this state.)**
 Yes No
- Have you graduated from optometry school prior to July 1, 2024. Yes No
***If yes, you may skip the section in the box below.**

**MUST BE COMPLETED BY APPLICANTS WHO GRADUATED OPTOMETRY SCHOOL
AFTER JULY 1, 2024**

Any applicant who graduated optometry school after July 1, 2024, is required to submit certification of a passing score on the Laser and Surgical Procedures Examination (LSPE) offered by the National Board of Examiners in Optometry (NBEO) in addition to the requirements listed previously in this application.

- Have you submitted verification to the Board to demonstrate passing of the LSPE portion of the NBEO? Yes No

Please Note: If you answered no to this question, your application will be considered incomplete and returned to you.

I hereby authorize the South Dakota Board of Examiners in Optometry to verify any and all information contained in this application. I authorize the South Dakota Board of Examiners in Optometry to obtain and review any and all records and files pertaining to my licensure and practice in this state to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota. I will not practice this procedure until I have confirmation of a completed application and designation of "INJ-PA" associated with my SD Optometry license.

Signature of Applicant: (To be signed in the presence of a notary public)

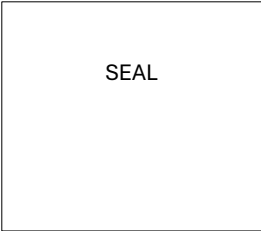
_____ Date: _____

APPLICATION MUST BE NOTARIZED

Printed Name of Notary Public: _____

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

My commission expires: _____





SD Board of Examiners in Optometry
13537 Dark Timber Ct., Piedmont, SD 57769
Email: sdoptboard@outlook.com
Phone: 605-279-2244
Web: <http://optometry.sd.gov>

**INTRADERMAL INJECTION OF A PARALYTIC AGENT
DEMONSTRATION OF COMPETENCY**

Name of Applicant: _____ License #: _____

Please Note: You may not begin this procedure to demonstrate competency prior to submitting verification of completion of the approved advanced procedures course to the Board. **Applicant and supervisor must be physically in the same location to prove demonstration of competency.**

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Effective July 1, 2024, South Dakota optometrists may perform the advanced procedures as outlined in 36-7-1(9). The requirements for licensing in these advanced procedures include demonstration of competency under the presence and direct supervision by:

- 1) An ophthalmologist licensed in South Dakota or
- 2) An optometrist licensed in South Dakota and authorized by this Board to perform all of the advanced procedures set forth in this document. Because they have completed all procedures, they will have an "AP" designation associated with their license.

*Professionals meeting the qualifications above will further be referenced as "supervisors".

Supervisors will sign only on the sections in which they observed completion. By signing this form on behalf of the applicant listed above, you are indicating that you meet these qualifications to observe the applicant's demonstration of competency in the following procedure:

➤ Intradermal Injection of a Paralytic Agent (INJ-PA)

You are further indicating that by your signature, under penalty of perjury, you certify that the foregoing information is true and correct. That you personally witnessed the designated procedures performed by the above-named applicant and understand that falsely reporting such supervision may be grounds for disciplinary action. Applicants and supervisors must be physically present at the same location as the procedures are conducted.

Upon submission of this completed form, qualifications of "supervisors" will be verified with respective licensing boards.

PROCEDURE			
Intradermal Injection of a Paralytic Agent (INJ-PA)			
Requirement: 5 Human Eyes			
	Supervisor (Printed Name)	Supervisor (Signature)	Date
EYE 1			
EYE 2			
EYE 3			
EYE 4			
EYE 5			

Upon completion of the final procedure, the final "~~supervisor~~ supervisor or applicant" shall return, via postal mail or email, this form directly to the Board:

South Dakota Board of Examiners in Optometry
13537 Dark Timber Ct
Piedmont, SD 57769
(605) 279-2244
sdoptboard@outlook.com

Board Member Terms

Name	Appointment	Expiration	
Shane Hartman	8/19/2024	6/30/2027	
Jamie Farnen	7/1/2018	6/30/2021	
	7/26/2021	6/30/2024	
	7/10/2024	6/30/2027	
Brian Gill	7/26/2021	6/30/2024	
	7/10/2024	6/30/2027	
Angela Hase	7/17/2019	6/30/2022	*President
	7/1/2022	6/30/2025	
Scott Schirber	9/19/2016	6/30/2019	*Vice President
	7/1/2019	6/30/2022	
	7/1/2022	6/30/2025	



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FY25 CONTRACT SUMMARY and FY26 RECOMMENDATIONS

- **CodeWise- Database Services FY25:**
 - \$90.00/hour
 - Not to exceed \$5,000.00
 - **Proposed- FY26: Continue with same terms**

- **Lisa Kollis-Young- Investigative Services FY25:**
 - \$90.00/hour
 - Not to exceed \$5,000.00
 - **Proposed- FY26: Continue with same terms**

- **Deni Martin- Administrative Services F25:**
 - Salary- \$3875.00/month, or \$46,500 annually
 - Office and travel expenses reimbursed, not to exceed \$3,000.00
 - Not to exceed \$49,500
 - **Proposed- FY26: TBD by board.**
 - **Executive Session to Review RFPs**