Optometrist License Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please read, complete, and return this form with your application.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with Initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Optometry Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700
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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense. All information should be printed clearly. It is your responsibility to submit the correct forms required.

☐ Application Fee. This fee is non-refundable. You can check the online fee page for current fees.

☐ Select if the following applies:
   Spouse or Registered Domestic Partner of Military Personnel

☐ 1. Demographic Information:
   Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

   National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

   Legal Name: List your full name: first, middle, and last.

   Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

   Birth date: Provide the month, day, and year of your birth.

   Birth place: Provide the city, state, and country where you were born.

   Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See WAC 246-12-310.

   Phone, Fax, and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

   Email: Enter your email address, if you have one.

   Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See WAC 246-12-300.

☐ 2. Personal Data Questions:
   All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession. If you answer “yes” to any questions in this section, you must provide an appropriate explanation.

   You must also provide the documentation listed in the note after the question. If
you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ 3. Other License, Certification, or Registration:
List all states where credentials are or were held. Attach additional pages if you need more space.

☐ 4. Professional Education:
List in date order, most recent to later, your educational preparation and post-graduate training. Attach additional pages if you need more space.

☐ 5. Professional Experience:
List in date order all professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

☐ 6. Qualifications Attestation:
You must meet the qualification requirements. You must sign and date this application as proof of completion.

☐ 7. AIDS Education and Training Attestation:
Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in WAC 246-12-270. If AIDS education was included in your professional education or training, an additional course is not required.

☐ 8. Endorsement Attestation:
If you are applying by endorsement you must sign and date this for us to process the application. See WAC 246-581-500

☐ 9. Applicant’s Attestation:
You must sign and date this for us to process the application.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse’s or registered domestic partner’s military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state’s declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.
Certification Requirements

Requirements for Licensure - See WAC 246-851-490:

To qualify for license in Washington, an applicant must:

☐ Successfully complete Parts I and II and Part III of the National Board of Examiners in Optometry (NBEO) Examinations.
  • If you completed the NBEO Part II prior to January 1, 1993, you must also successfully complete the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease (TMOD).
  • Part III must be successfully completed after January 1, 1993.

Scores must be sent directly form the NBEO. For additional information on how to have your scores sent, go to the NBEO website at http://www.optometry.org/.

☐ Successfully complete and return the open book Washington State Board of Optometry jurisprudence examination.

☐ Graduate from a state accredited high school or equivalent.

☐ Be of good moral character

☐ Graduate from a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington State Board of Optometry; Official transcripts must be submitted directly form the school or college of optometry with the degrees posted.

☐ Applicants who receive their license after January 1, 2007, must be licensed at the highest level. Specifically, applicants must meet requirements (a) through (e) above and also meet the requirements to use or prescribe topically applied drugs for diagnostic and therapeutic purposes (DPA and TPA), meet the requirements to use and prescribe oral drugs and meet the requirements for administration of injectable epinephrine.

☐ The Out-of-State credential Verification included must be received from every state where you hold or have held a healthcare practitioner credential.
Licensing By Endorsement:
An optometrist may be licensed without examination if the applicant is licensed in another state with licensing standards judged by the Board to be substantially equivalent to the standards in Washington. The application process is the same for examination or licensing. Candidates for licensing must provide a copy of the current law and regulation for the state from which they are coming. Applications for licensing by endorsement are reviewed on an individual basis by the Washington State Board of Optometry.

Certification To Use Topical Pharmaceutical Agents:
For diagnostics, applicants must provide documented evidence of sixty hours of approved didactic and clinical instruction in general and ocular pharmacology as applied to optometry. See WAC 246-851-400. Education must have occurred after July 1981.
For therapeutic purposes, applicants must provide documented evidence of an additional minimum of seventy-five hours of approved didactic and clinical instruction established by the Board. See WAC 246-851-400. Education must have occurred after July 23, 1989.

Certification for use or prescription of drugs administered orally for diagnostic or therapeutic purposes:
For orals, applicants must provide documented evidence he or she is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes, and an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction. See WAC 246-851-570. Education must have occurred after May 1, 2004.

Certification for administration of epinephrine by injection for treatment of anaphylactic shock.
For injection of epinephrine, applicants must provide documented evidence he or she is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes, and an additional minimum of four hours of didactic and supervised clinical instruction. See WAC 246-851-600. Education must have occurred after May 1, 2004.

Additional Documentation Required for Activation.
State License Verification. Applicant must verify all optometry licenses he or she holds, or has held, in any other state, territory or possession of the United States or Canadian province since the Washington State credential was last active. Verification is required if the license is active or inactive. This includes temporary and training licenses. Applicants should contact the state licensing authority for information regarding fees for verification of license. Form provided.
**Optometrist License Application**

Please print clearly. It is the responsibility of the applicant to submit all supporting documentation. Failure to do so may result in a delay in processing your application.

**Select if the following applies:**  
☐ Spouse or Registered Domestic Partner of Military Personnel

### 1. Demographic Information

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<tr>
<th>Social Security Number (SSN)</th>
<th>National Provider Identifier Number (NPI)</th>
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<td>(If you do not have a SSN, see instructions)</td>
<td>(Enter 10 digit number)</td>
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**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?  
☐ Yes  ☐ No

If yes, list name(s):

Will documents be received in another name?  
☐ Yes  ☐ No

If yes, list name(s):
2. Personal Data Questions

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.

   □ Yes  □ No

   “Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

   If you answered yes to question 1, explain:

   1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

   1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

   Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

   The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

   □ Yes  □ No

   “Currently” means within the past two years.

   “Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?

   □ Yes  □ No

4. Are you currently engaged in the illegal use of controlled substances?

   □ Yes  □ No

   “Currently” means within the past two years.

   Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

   Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?

   □ Yes  □ No

   Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

   If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

   To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.
2. Personal Data Questions (cont.)

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
   a. Possessed, used, prescribed for use, or distributed controlled substances or legend
      drugs in any way other than for legitimate or therapeutic purposes? .............................................
      Yes  No
   b. Diverted controlled substances or legend drugs? .................................................................
      Yes  No
   c. Violated any drug law? ..............................................................................................................
      Yes  No
   d. Prescribed controlled substances for yourself? ........................................................................
      Yes  No

7. Have you ever been found in any proceeding to have violated any state or federal law or rule
   regulating the practice of a health care profession? If “yes”, please attach an explanation and
   provide copies of all judgments, decisions, and agreements? .................................................................
   Yes  No

8. Have you ever had any license, certificate, registration or other privilege to practice a health care
   profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ..............
   Yes  No

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to
   avoid action by a state, federal, or foreign authority? ..............................................................................
   Yes  No

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence,
    negligence, or malpractice in connection with the practice of a health care profession? .....................
    Yes  No

11. Have you ever been disqualified from working with vulnerable persons by the Department
    of Social and Health Services (DSHS)? ..............................................................................................
    Yes  No

3. Other License, Certification, or Registration

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity,
exemption or similar with type, date, grantor, and if license is current. Attach additional pages if you need more
space.

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<tr>
<th>State/Jurisdiction</th>
<th>License Type</th>
<th>License Number</th>
<th>License Issue Date</th>
<th>License Expiration Date</th>
<th>Method Licensed</th>
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### 4. Professional Education

In the spaces below, provide a date listing of your educational preparation and post-graduate training. Attach additional pages if you need more space.

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<tr>
<th>Schools Attended</th>
<th>Degree Earned</th>
<th>Attendance</th>
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### 5. Professional Experience

List in date order all professional experience and practice from date of graduation from professional college. Include the month/day/year. Attach additional pages if you need more space.

<table>
<thead>
<tr>
<th>Nature of experience and location</th>
<th>Start Date (mm/dd/yyyy)</th>
<th>End Date (mm/dd/yyyy)</th>
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### 6. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand should I provide any false information, my license may be denied, or if issued, suspended or revoked.** If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's Initials | Today's Date
--- | ---

DOH 662-092 April 2017
7. Qualifications and Training Attestation

I certify I have completed each of the requirements below.

- A high school diploma or equivalent;
- I am of moral character.

Applicant’s Initials | Date
---|---

8. Endorsement Attestation (only required for endorsement applicants.)

I certify that I have read the following rules and laws pertaining to the practice of Optometry in Washington State as stated in WAC 246-851-500:

- RCW 18.53
- RCW 18.54
- RCW 18.195
- RCW 18.130
- WAC 246-851
- WAC 246-852

Applicant’s Initials | Date
---|---

9. Applicant’s Attestation

I, ________________________________ , declare under penalty of perjury under the laws of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated ____________________ By: ____________________________

(mm/dd/yyyy) (Original Signature of Applicant)
(This page intentionally left blank.)
Out-of-State Credential Verification

To Applicant:

Please complete this side of this form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. The regulatory agency will complete page two.

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<tr>
<th>Name:</th>
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<td>Mailing Address</td>
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<th>City</th>
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<th>Zip Code</th>
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<tr>
<td>Phone (enter 10 digit #)</td>
<td>Cell (enter 10 digit #)</td>
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</table>

| Email address |

| Any other names used: |

| Type of license(s) you hold or have held in other state(s): |

| Washington State healthcare credential type you are applying for: |

| Washington State healthcare credential number (if available): | Date Issued |

Have the licensing agency complete page two and return this form to the address listed above. If you have any questions, please call 360-236-4700.

This form may be duplicated.
(To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

| Name of license, certification, or registration holder: |
| Authority providing verification: (state, name & title) |
| Applicant was credentialed by: Date: Score: |
| Written Examination | |
| Name of examination: |
| Other Examination Date: Score: |
| Name of examination: |
| Is credential current: Yes No | Expiration Date: |
| Is this individual considered to be in good standing in your state? Yes No |
| If “no,” please attach explanation. |
| Has this credential ever been denied? Yes No |
| Suspended? Yes No |
| Revoked? Yes No |
| Surrendered? Yes No |
| Reinstated? Yes No |
| If “yes,” please provide a copy of the final order or other documentation of action taken. |
| If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? Yes No |

Signature: ____________________________
Title: ____________________________
Date: ____________________________

(SEAL)
Washington State Board of Optometry
State Jurisprudence Questionnaire

Please circle the correct response

1. Doctors of optometry certified to use therapeutic pharmaceuticals must have:
   A. Completed 100 hours of pharmacology training
   B. Completed five case studies approved by the Board of Optometry
   C. Completed a minimum of 60 hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional 75 hours of didactic and clinical instruction
   D. Passed all ocular disease and pharmacology courses with an overall grade of 80% or greater from an accredited school or college of optometry

2. Washington licensed optometrists with therapeutic drug certification shall include on the prescription his/her license number and the letters:
   A. TX
   B. DX
   C. A & B endorsements
   D. None of the above

3. Washington licensed optometrists with therapeutic drug certification may provide all of the following services except:
   A. Fit contact lenses
   B. Prescribe antibiotic eye drops
   C. Perform vision therapy
   D. Perform laser surgery

4. Washington licensed optometrists using or prescribing drugs administered orally for diagnostic or therapeutic purposes in the practice of optometry must be certified to use topical drugs for therapeutic purposes, and additionally must:
   A. Successfully complete a Washington Board of Optometry prepared examination
   B. Complete an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction
   C. Conduct 150 supervised patient examinations
   D. Complete an approved residency

5. Washington licensed optometrists using epinephrine by injection for treatment of anaphylactic shock must be certified to use topical drugs for therapeutic purposes, and additionally must:
   A. Complete an additional minimum of 4 hours of didactic and supervised clinical instruction
   B. Successfully complete a Washington Board of Optometry prepared examination
   C. Complete 10 hours of supervised patient examination
   D. Complete 5 hours of anaphylaxis related continuing education coursework
6. What is the maximum number of days optometrists may prescribe, dispense or administer a controlled substance in treating a particular patient for a single trauma episode, or condition or for pain associated with or related to the trauma, episode or condition?
   A. 5
   B. 8
   C. 10
   D. 7

7. A qualified optometrist may not prescribe an oral drug within ____ days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist.
   A. 30
   B. 120
   C. 90
   D. 0

8. A qualified optometrist can prescribe all of the following antifungal agents EXCEPT:
   A. all oral forms and dosages of polyene antifungals
   B. all oral forms and dosages of imidazole antifungals
   C. all oral forms and dosages of triazole antifungals
   D. all oral forms and dosages of allylamine antifungals

9. A qualified optometrist can prescribe all of the following anti-emetic agents EXCEPT:
   A. all oral forms and dosages of prochlorperazine
   B. all oral forms and dosages thiethylperazine
   C. all oral forms and dosages of metoclopramide
   D. all oral forms and dosages of promethazine

10. A qualified optometrist can prescribe the following category of diuretic agents:
    A. all oral forms and dosages of loop diuretics
    B. all oral forms and dosages of carbonic anhydrase inhibitors
    C. all oral forms and dosages of osmotic diuretics
    D. all oral forms and dosages of potassium-sparing diuretics

11. All oral forms and dosages of osmotic diuretics shall be used only in the case of:
    A. primary open angle glaucoma and administered on an in-patient basis only
    B. acute angle closure glaucoma administered in-office, outpatient, and/or ambulatory procedures only
    C. pigmentary dispersion glaucoma
    D. narrow angle glaucoma

12. A qualified optometrist may (use) prescribe (dispense or administer) all oral forms and dosages of nonsteroidal anti-inflammatory agents except:
    A. diclofenac sodium
    B. indomethacin
    C. ketorolac tromethamine
    D. ibuprofen
13. Benzodiazepine prescribed as anti-anxiety agents shall be used for in-office, outpatient, and/or ambulatory procedures. This family of medication will be utilized as how many dosage units per prescription:
   A. three
   B. two
   C. one
   D. four

14. No optometrist may use, prescribe, dispense or administer:
   A. decongestants
   B. oral corticosteroids
   C. antiviral agents
   D. analgesics

15. Optometrists may prescribe only the following controlled substances:
   A. Schedules I, II, and III
   B. Schedules II, III, and IV
   C. Schedules II, III, IV, and V
   D. Schedule II hydrocodone combination products and Schedules III, IV and V

16. Prescribing controlled substances for one’s own use is:
   A. allowable under certain conditions
   B. permitted
   C. prohibited
   D. permitted for Schedule I and Schedule II only

17. Schedule III and IV controlled substances will have a maximum quantity count of:
   A. thirty dosage units per prescription
   B. forty-five dosage units per prescription
   C. twenty dosage units per prescription
   D. sixty dosage units per prescription

18. All oral forms and dosages of antibiotic agents will be available for use excluding:
   A. erythromycin
   B. tetracyclines
   C. vancomycin
   D. sulfanomides

19. Prescriptions for all oral medications must include:
   A. the drug manufacturer
   B. a notation of purpose
   C. contraindications
   D. generic equivalents
20. Specific dosage for use and appropriate duration of treatment of oral medication is consistent with guidelines established by:
   A. the American Medical Association
   B. the Optometric Physicians of Washington
   C. the American Optometric Association
   D. the Food and Drug Administration

21. Washington licensed optometrists renew their professional license annually on:
   A. the first day of January
   B. the first day of July
   C. the date of original licensure
   D. the licensee’s birthday

22. How many hours of continuing education credit are required for license renewal?
   A. 50 hours each year
   B. 25 hours each year
   C. 50 hours every two years
   D. 100 hours every two years

23. Washington licensed optometrists practicing solely outside of Washington State may meet Washington requirements by:
   A. meeting the continuing education requirements of the state or territory in which they practice
   B. obtaining approval from the Washington Board of Optometry for each course completed
   C. traveling to Washington State for all CE activities
   D. all of the above

24. Who maintains a record of the licensee’s continuing education hours?
   A. the Board of Optometry
   B. the Department of Health
   C. the licensee
   D. the Washington Association of Optometric Physicians

25. How many hours of continuing education credit will be granted for Category 2 continuing education?
   A. four hours per year
   B. 20 hours in any two-year period
   C. nine hours per year
   D. nine hours in any two-year period

26. Continuing education credit is not normally granted for:
   A. reports on professional optometric literature
   B. preprogrammed education materials
   C. individual research, publications, and small group study
   D. courses related to a single product or device
27. Which of the following is NOT required as minimum equipment for a Washington licensed optometrist?
   A. a Biomicroscope
   B. a Tonometer
   C. visual field testing equipment
   D. a Binocular indirect ophthalmoscope

28. Washington licensed optometrists shall maintain patient records a minimum of:
   A. seven years
   B. ten years
   C. five years
   D. eight years

29. Which is NOT included in the scope of practice of Washington licensed optometrist?
   A. prescription of spectacle lenses
   B. treatment of glaucoma
   C. minor surgery
   D. treatment of iritis

30. Which of the following is considered unprofessional conduct?
   A. providing false information when applying for a license
   B. misrepresentation or fraud in any aspect of the conduct of the business or profession
   C. false or misleading advertising
   D. all of the above

31. An authorization from a patient to a health care provider to disclose the patient’s health information must:
   A. be in writing, dated, and signed by the patient
   B. identify the nature of the information to be disclosed
   C. identify the person to whom the information is to be disclosed
   D. all of the above

32. A Washington licensed optometrist must provide a copy of the patient’s prescription for corrective lenses at the completion of the eye examination even when the patient purchases the optical goods from the prescriber at the prescribers place of business and whether or not the patient requests a copy of the prescription. A licensee may refuse to give the patient a copy of the prescription if:
   A. the lenses must be ordered
   B. the patient has not paid, but only if the immediate payment is required if no ophthalmic goods were required
   C. the patient also ordered contact lenses
   D. the office policy does not provide for release of spectacle prescriptions
33. A notation of “OK for contacts” on the prescription for corrective lenses indicates to the practitioner fitting the contact lenses that:
   A. the patient has been provided with trial lenses
   B. the patient has expressed an interest in wearing contact lenses
   C. there are no contraindications to contact lens wear, and the initial fitting and follow-up must be completed within six months of the date of the eye examination
   D. the patient’s vision plan covers contact lenses

34. A contact lens prescription may be written for less than two years if:
   A. warranted by the ocular health of the eye
   B. the prescription is for extended wear contact lenses
   C. the patient is new
   D. the prescription is more than plus or minus three diopters

35. If a prescription is written for less than two years, the prescriber must:
   A. contact the optical lab
   B. send a notice to the patient prior to its expiration
   C. maintain a separate log of prescriptions that expire in less than two years
   D. enter an explanatory notation in the patient’s record and provide a verbal explanation to the patient at the time of the eye examination

36. No practitioner may dispense contact lenses based on a prescription that is over:
   A. one year old
   B. five years old
   C. two years old
   D. three years old

37. The finalized contact lens prescriptions shall be available to the patient or the patient’s designated practitioner for replacement lenses and may be transmitted by:
   A. telephone
   B. facsimile or mail
   C. provided directly to the patient in writing
   D. all of the above

38. Under the Fairness to Contact Lens Consumers Act, when a prescriber completes a contact lens fitting, the prescriber:
   A. shall require the patient to purchase contact lenses from the prescriber
   B. shall provide to the patient a copy of the contact lens prescription whether or not requested by the patient
   C. shall, as directed by any person designated to act on behalf of the patient, provide or verify the contact lens prescription by electronic or other means
   D. both b and c
39. Under the Fairness to Contact Lens Consumers Act, a contact lens prescription is verified only if the following occurs:
   A. the prescriber confirms the prescription is accurate by direct communication with the seller
   B. the prescriber informs the seller the prescription is inaccurate and provides the accurate prescription
   C. the prescriber fails to communicate with the seller within 8 business hours of receiving the request for verification
   D. all of the above

40. If the Secretary of the Department of Health determines a person has engaged in unlicensed practice, the Secretary may issue a cease and desist order. In addition, a civil fine can be imposed in the amount of:
   A. $500.00
   B. $250.00
   C. $1000.00 per day for unlicensed activity
   D. $250.00 per day for unlicensed activity

41. All of the following are considered unprofessional conduct under RCW 18.130.180, except:
   A. practice beyond the scope of practice as defined by law or rule
   B. failure to comply with an order issued by the disciplining authority
   C. advertising which is false, fraudulent, or misleading
   D. practicing in more than three locations

42. An optometrist may not practice in Washington State unless the optometrist has:
   A. a permanent practice location within Washington State
   B. obtained a license from the Secretary of the Department of Health
   C. been employed by and working under the supervision of a licensed optometrist
   D. completed an approved residency program

43. Which of the following is considered unprofessional conduct?
   A. current misuse of alcohol
   B. current misuse of controlled substances
   C. current misuse of legend drugs
   D. all of the above

44. An optometrist shall never engage in sexually harassing or demeaning behavior with a current or former patient. An optometrist shall not engage in sexual contact or sexual activity with a current patient. A current patient is:
   A. a patient who has received professional service from the optometrist within the last six months
   B. a patient who has received professional service from the optometrist within the last twelve months
   C. a patient who has received professional service from the optometrist within the last five years
   D. a patient who has received professional services from the optometrist within the last three years and whose patient record has not been transferred to another optometrist or health care professional
45. After receiving from a patient, a written request for a copy of the patient’s record, an optometrist:
   A. must provide the requested information within thirty days
   B. may withhold the information if the patient has an outstanding balance for services provided by the optometrist
   C. must provide a copy to the patient no later than fifteen working days after receiving the request
   D. is not required to provide a copy of the patient’s record directly to the patient

46. **RCW 69.41.010(1)** Legend Drugs-Prescription Drugs, requires all written prescriptions must be:
   A. written in 12 point font
   B. either printed on tamper proof paper or electronically generated
   C. written on buff colored paper
   D. written in duplicate

47. When a patient has been harmed, mandatory reports are submitted to:
   A. The disciplinary authority
   B. The Office of the Attorney General
   C. The Department of Health
   D. The national practitioner data bank

48. Any license holder must self report:
   A. any conviction, determination, or finding that he or she has committed unprofessional conduct.
   B. information that he or she is unable to practice with reasonable skill and safety due to a mental or physical condition.
   C. any disqualification from participation in the federal Medicare or Medicaid program.
   D. all of the above.

49. The mandatory reports must be submitted within_______ days after the reporting person has actual knowledge of the information that must be reported.
   A. 60 days
   B. 30 days
   C. 14 days
   D. 10 days

50. A license holder must report another license holder when he or she:
   A. Has actual knowledge of any conviction, determination, or finding that another license holder committed unprofessional conduct or is not able to practice with reasonable skill and safety.
   B. is providing health care to the other license holder and the other license holder does not pose a clear and present danger to patients or clients.
   C. is part of a federally funded substance abuse program or impaired practitioner or voluntary substance abuse program and the other license holder is participating in treatment and does not pose a clear and present danger to patients or clients.
   D. is a member of a professional review organization.
Optometry Certification for Diagnostic, Therapeutic and Oral Drugs

Applicant’s Name ________________________________________________________________

Specific requirements for license are on reverse side.

☐ Diagnosis—This is to certify the applicant has completed a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as established in WAC 246-851-400. Education must be completed after July, 1981

Name of Accredited Institution ________________________________________________

Date Education Completed _________________________________________________

Signature ___________________________________________________________________

☐ Treatment—This is to certify the applicant has completed an additional minimum of seventy-five hours of didactic and clinical instruction as established in WAC 246-851-400. Education for treatment purposes must be completed after July 23, 1989

Name of Accredited Institution ________________________________________________

Date Education Completed _________________________________________________

Signature ___________________________________________________________________

☐ Oral—This is to certify the applicant has completed an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation as established in WAC 246-851-570. Education for oral certification must be completed after May 1, 2004.

Name of Accredited Institution ________________________________________________

Date Education Completed _________________________________________________

Signature ___________________________________________________________________
(This page intentionally left blank.)
Optometry Certification for Administration of Epinephrine by Injection for Treatment of Anaphylactic Shock

Applicant Name: ______________________________________________________________

☐ Certification For Administration Of Epinephrine By Injection For Treatment Of Anaphylactic Shock

A minimum of four hours of didactic and supervised clinical instruction as established in WAC 246-851-600 is required to administer epinephrine by injection for the treatment of anaphylactic shock in the scope of optometric practice. Education must be completed after May 1, 2004.

I certify the applicant has received a minimum of 4 hours of didactic and supervised clinical instruction as established in WAC 246-851-600.

Name of Accredited Institution______________________________________

Date Education Completed ________________________________________

Signature______________________________________________________

WAC 246-851-600 Certification required for administration of epinephrine by injection for treatment of anaphylactic shock.

1. To qualify for certification to administer epinephrine by injection for anaphylactic shock, licensed optometrists must provide documentation he or she:

   A. Are certified under RCW 18.53.010 (2) (b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.

   B. Have successfully completed a minimum of four hours of didactic and supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation to qualify for certification by the optometry board to administer epinephrine by injection.

2. The didactic instruction must include the following subject area:

   A. Review of urgencies, emergencies and emergency-use agents;

   B. Ocular urgencies:

      i. Thermal burns-direct and photosensitivity-based ultraviolet burn;

      ii. Electrical injury;

      iii. Cryo-injury and frostbite;

      iv. Insect stings and bites;

      v. Punctures, perforations, and lacerations;

   C. General urgencies and emergencies:

      i. Anaphylaxis;

      ii. Hypoglycemic crisis;

      iii. Narcotic overdose.

3. The supervised clinical instruction must include the following subject areas:

   A. Instrumentation;

   B. Informed consent;

   C. Preparation (patient and equipment);

   D. All routes of injections.

4. With the exception of the administration of epinephrine by injection for treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.
RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130
Administrative Procedure Act, RCW 34.05
Administrative Procedures and Requirements, WAC 246-12
Optometry Laws RCW 18.53
Optometry Rules, WAC 246-851
Topical Administration, WAC 246-851-400
Oral Administration, WAC 246-851-570

Online

AIDS Training Resources, Reference Page
Optometry Program, Web page