



State Board of Optometry

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FOR BOARD

USE ONLY:

Received: _____

Fee: _____

AP License Number: _____

Application for Advanced Procedures Examination

Personal Data

First Name Middle Name Last Name

Mailing Address City State Zip

Email Address Phone Number License Number

DEA (If obtained. If applying for a DEA, you must provide the # once received.)

School	Completion Date

Have you ever had a license to practice optometry revoked or suspended?

Yes: ____ No: ____

If yes, give details:

I am desirous of qualifying to be licensed to perform authorized advanced procedures in the State of Arkansas in accordance with Ark. Code Ann. §17-90-101 et. seq. and the Rules duly promulgated by the Board.

I hereby give my permission for the Arkansas Department of Health – State Board of Optometry to secure information concerning myself or any of the statements in this application from any person or source the Board may desire.

*I have attached a check or money order in the amount of **\$50.00** to cover the fee. I understand this fee is nonrefundable. The application, fee and additional documentation must be received **30 days** prior to the examination date.*

I understand that any falsification or misrepresentation of any item or response in this application, or and documentation supporting this application, even if submitted separately, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice advanced procedures in the State of Arkansas.

Signature of Applicant

Date of Application

REQUIREMENTS FOR CREDENTIALING FOR ADVANCED PROCEDURES

1. Pursuant to Act 579 of 2019 codified in A.C.A. §17-90-101 (a)(3)(D), Arkansas licensed Optometric Physicians shall be credentialed to perform authorized procedures listed in A.C.A. §17-90-101 (a)(3)(D) if:
 - a. The applicant provides proof of holding an Arkansas license to practice as an Optometric Physician and is in good standing;
 - b. The applicant provides proof of satisfactory completion of a course of instruction completed not more than 5 years prior to application of credentialing; provided that the course:
 - (1) is provided by an accredited college of optometry, osteopathy or medicine;
 - (2) includes a minimum of 32 clock hours in length;
 - (3) is sponsored by an organization approved by the board;; and
 - (4) includes the following didactic classroom instructions:
 - (a) laser physics, hazards, and safety;
 - (b) biophysics of lasers;
 - (c) laser application on clinical optometry;
 - (d) laser tissue interactions;
 - (e) laser indications, contraindications, and potential complications;
 - (f) gonioscopy;
 - (g) laser therapy for open angle glaucoma;
 - (h) laser therapy for angle closure glaucoma;
 - (i) posterior capsulotomy;
 - (j) common complications: lids, lashes, lacrimal system;
 - (k) medicolegal aspects of anterior segment procedures;
 - (l) peripheral iridotomy;
 - (m) laser trabeculoplasty
 - (n) minor surgical procedures;
 - (o) overview of surgical instruments, asepsis, and O.S.H.A.
 - (p) surgical anatomy of the eyelids;
 - (q) emergency surgical procedures;

- (r) chalazion management;
- (s) local anesthesia: techniques and complications;
- (t) anaphylaxis and other office emergencies;
- (u) radiofrequency surgery;
- (v) post-operative wound care; and

(5) Includes the following clinical or laboratory experience;

- (a) Video Demonstration; and
- (b) In Vitro Observation or participation

2. Once applicant satisfactorily completes education requirements:

- a. The applicant must satisfactorily complete a written test administered or approved by the Arkansas State Board of Optometry on aspects of the Arkansas Optometry Practice act pertaining to this rule.
- b. The applicant must satisfactorily complete a clinical examination administered or approved by the Arkansas State Board of Optometry pertaining to this rule.
- c. The applicant must satisfactorily complete a written jurisprudence examination administered by the Arkansas State Board of Optometry pertaining to this rule.