



**KENTUCKY BOARD OF OPTOMETRIC EXAMINERS**

2365 Harrodsburg Road  
Suite A240  
Lexington, KY 4050-3333  
(859) 246-2744  
<http://optometry.ky.gov>

**PRECEPTOR APPROVAL FORM**

NAME \_\_\_\_\_  
(please print)

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Are you currently licensed as an optometrist or ophthalmologist?  Yes  No

State and Date of Licensure (verification must be sent to Board) \_\_\_\_\_

Is your license currently in good standing?  Yes  No

Are you currently a professor or adjunct professor of optometry or ophthalmology at an accredited school of optometry or ophthalmology?  Yes  No

What accredited school do you teach at? \_\_\_\_\_

Where and when were you credentialed to utilize Expanded Therapeutic Procedures?  
(verification must be sent to Board) \_\_\_\_\_  
\_\_\_\_\_

Where and when were you credentialed to utilize Expanded Therapeutic Laser Procedures?  
(verification must be sent to Board) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date