



## KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

2365 HARRODSBURG ROAD  
SUITE A240  
LEXINGTON, KY 40504-3333  
(859) 246-2744  
<http://optometry.ky.gov>

### APPLICATION FOR NEW APPLICANT TO BE CREDENTIALLED TO UTILIZE EXPANDED THERAPEUTIC PROCEDURES

Pursuant to 201 KAR 5:110, you are required to be credentialed in Expanded Therapeutic Practice *by the first renewal of your license* (you may also choose to be credentialed in Expanded Therapeutic Laser Practice but completion of those requirements are not required by the first renewal of your license and shall be documented on APPLICATION TO BE CREDENTIALLED TO UTILIZE EXPANDED THERAPEUTIC LASER PROCEDURES).

Please indicate the following information:

1. Name of course \_\_\_\_\_
2. Date of course \_\_\_\_\_
3. School of optometry or medicine where course completed \_\_\_\_\_
4. Number of clock hours completed \_\_\_\_\_
5. Topic matter of course (check off all that are applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> Gonioscopy                      | <input type="checkbox"/> Laser Application in Clinical Optometry                        |
| <input type="checkbox"/> Biophysics of Laser             | <input type="checkbox"/> Laser Therapy for Open Angle Glaucoma                          |
| <input type="checkbox"/> Suture Techniques               | <input type="checkbox"/> Laser Therapy for Angle Closure Glaucoma                       |
| <input type="checkbox"/> Posterior Capsulotomy           | <input type="checkbox"/> Anaphylaxis and other Office Emergencies                       |
| <input type="checkbox"/> Peripheral Iridotomy            | <input type="checkbox"/> Common Complications: Lids, Lashes, Lacrimal                   |
| <input type="checkbox"/> Chalazion Management            | <input type="checkbox"/> Local Anesthesia: Techniques and Complications                 |
| <input type="checkbox"/> Laser Trabeculoplasty           | <input type="checkbox"/> Overview of Surgical Instruments, Asepsis and OSHA             |
| <input type="checkbox"/> Minor Surgical Procedures       | <input type="checkbox"/> Medicolegal Aspects of Anterior Segment Procedures             |
| <input type="checkbox"/> Radiofrequency Surgery          | <input type="checkbox"/> Laser Indications, Contraindications & Potential Complications |
| <input type="checkbox"/> Laser Tissue Interactions       |   |
| <input type="checkbox"/> Surgical Anatomy of Eyelids     |   |
| <input type="checkbox"/> Post-operative Wound Care       |   |
| <input type="checkbox"/> Epiluminescence Microscopy      |   |
| <input type="checkbox"/> Emergency Surgical Procedures   |   |
| <input type="checkbox"/> Laser Physics, Hazards & Safety |   |

**Official verification of course completion and exam results must be forwarded directly to the Board from the school of optometry or medicine.**

\_\_\_\_\_  
Applicant's Name (PLEASE PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Date Printed: August 2011