APPLICATION FOR EXPANDED THERAPEUTIC PROCEDURES COURSE

Name, address and phone number of accredited school of optometry or medicine offering course: ____________________________

Name of professor(s) or adjunct professor(s) teaching course: ____________________________

Number of clock hours being offered: ____________________________

What organization is sponsoring this course: ____________________________

Topic matters offered in course (check off all that are applicable):

- [ ] Gonioscopy
- [ ] Biophysics of Laser
- [ ] Suture Techniques
- [ ] Posterior Capsulotomy
- [ ] Peripheral Iridotomy
- [ ] Chalazion Management
- [ ] Laser Trabeculoplasty
- [ ] Minor Surgical Procedures
- [ ] Radiofrequency Surgery
- [ ] Laser Tissue Interactions
- [ ] Surgical Anatomy of Eyelids
- [ ] Post-operative Wound Care
- [ ] Epiluminescence Microscopy
- [ ] Emergency Surgical Procedures
- [ ] Laser Physics, Hazards & Safety
- [ ] Laser Application in Clinical Optometry
- [ ] Laser Therapy for Open Angle Glaucoma
- [ ] Laser Therapy for Angle Closure Glaucoma
- [ ] Anaphylaxis and other Office Emergencies
- [ ] Common Complications: Lids, Lashes, Lacrimal
- [ ] Local Anesthesia: Techniques and Complications
- [ ] Overview of Surgical Instruments, Asepsis and OSHA
- [ ] Medicolegal Aspects of Anterior Segment Procedures
- [ ] Laser Indications, Contraindications & Potential Complications
- [ ] Clinical/Lab Work (Video, In Vitro, In Vivo)

Applicant Signature

Date

Dean, or School Representative

Date Printed: August 2011