

Patient Safety in Expanded Therapeutic Procedures Workgroup

Recommendations to the Kentucky Board of Optometric Examiners Regarding Credentialing for Expanded Therapeutic Procedures

Prepared by: Patient Safety in Expanded Therapeutic Procedures Workgroup

1- Draft Status and Intended Use

This draft document summarizes the deliberations and recommendations of the Patient Safety in Expanded Therapeutic Procedures Workgroup for consideration by the Kentucky Board of Optometric Examiners (KBOE). The document is intended to support Board review, policy development, and potential regulatory consideration. It is a preliminary draft and not a final action of the KBOE Board unless formally adopted by the Board.

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3- Executive Summary

The Patient Safety in Expanded Therapeutic Procedures Workgroup was convened to evaluate Kentucky's current credentialing process for expanded therapeutic procedures and to provide recommendations to the Kentucky Board of Optometric Examiners. The workgroup's guiding principles were patient safety, public protection, procedural competency, consistency of oversight, access to care, and the appropriate regulation of optometry in the Commonwealth.¹

The workgroup recommends preserving Kentucky's existing educational pathway for expanded therapeutic procedures while strengthening the laser credentialing process through standardized proctor evaluation tools, defined candidate procedural minimums, defined proctor qualifications, periodic proctor review, enhanced documentation, and procedure specific standards. The recommendations are intended to strengthen the existing process rather than replace it.

The workgroup recognized that expanded therapeutic procedures have been part of optometric practice in Kentucky for over fifteen years and that access to care remains a major consideration, particularly in rural areas. The recommendations therefore seek to establish clear minimum standards while preserving reasonable pathways for training, credentialing, and future technology adoption. This approach is consistent with published literature reviewing optometric laser and injection education programs, which reported that more than 146,000 laser procedures performed by optometrists across the United States resulted in only two reported negative outcomes², reflecting a strong safety record when appropriate education, training, and credentialing processes are in place.

4- Charge of the Workgroup

The workgroup was established in an advisory capacity to the Kentucky Board of Optometric Examiners. Its responsibility was to review current standards, evaluate training and credentialing pathways, and develop thoughtful, well supported recommendations for Board consideration.

The current standards and credentialing process have existed in Kentucky since 2011. Periodic review of longstanding standards is a prudent regulatory practice to ensure they remain current, evidence-based, and aligned with evolving professional and educational expectations.

The scope of review included expanded therapeutic procedures, with emphasis on laser procedures, education, competency, credentialing, preceptorship/proctorship, testing, ongoing oversight, licensure by endorsement, and evolving technologies.

The workgroup's charge was not to adjudicate individual licensure matters or to make final Board policy. Its purpose was to provide recommendations that the full Board may accept, reject, modify, or use as the foundation for future administrative or regulatory action.

¹ Pursuant to KRS 320.240(4), the Kentucky Board of Optometric Examiners shall promulgate reasonable regulations and do any and all things that it may deem necessary or proper for the effective enforcement of this chapter and for the full and efficient performance of its duties hereunder and the reasonable regulation of the profession of optometry and the practice thereof by licensed optometrists.

² Lighthizer N, et al. Establishment and Review of Educational Programs to Train Optometrists in Laser Procedures and Injections. Clin Exp Optom. 2024

5- Methodology and Workgroup Record

The workgroup met by videoconference on May 6, May 18, June 1, June 15, and July 13, 2026. The workgroup was intentionally structured to include both optometrists and ophthalmologists, ensuring that its recommendations reflect interdisciplinary expertise, practical clinical experience, and a shared focus on protecting the health and safety of Kentucky patients. Kentucky legislators were also invited to attend.

The workgroup included members with decades of combined experience in comprehensive eye care, laser and advanced therapeutic procedures, residency and professional education, competency assessment, national continuing education, credentialing frameworks, and regulatory governance. The group includes nationally recognized educators, fellowship-trained clinicians, faculty from the Kentucky College of Optometry, Kentucky practitioners who actively perform laser procedures, and ophthalmologists with extensive surgical experience in glaucoma, retina, and anterior segment care. This broad representation was intentionally selected to provide balanced, evidence-based recommendations that reflect current standards of care, evolving educational pathways, and the diverse practice environments in which patients receive eye care.

The workgroup reviewed Kentucky's current expanded therapeutic procedure framework, current educational requirements, live patient competency expectations, possible examination pathways, comparison to ophthalmology residency procedural minimums, competency-based assessment literature, proctor oversight, rural access issues, laser safety considerations, and emerging laser technologies.

The workgroup also reviewed the expanded therapeutic procedure standards utilized in several other states as guidance, as there are currently 17 states with authority for optometrists to perform expanded procedures.³

6- Current Kentucky Framework

Kentucky law authorizes the Board to regulate the practice of optometry and requires therapeutically licensed optometrists to meet educational and competence criteria set by the Board before performing expanded therapeutic procedures.⁴ 201 KAR 5:110 establishes the educational and competence criteria for the expanded therapeutic credentialing process in Kentucky.

The following education criteria is required:

- 201 KAR 5:110, Section 1(2)(b): Proof of completion of a course which must be at least thirty-two hours in length and which includes:
 - (1) Didactic instruction in laser physics, hazards and safety, laser tissue interaction, indications, contraindications, complications, gonioscopy, laser therapy for open angle and angle closure

³ As of June 2026, the 17 states that permit optometrists to perform some form of ophthalmic laser/expanded therapeutic procedures are Alaska, Arkansas, Colorado, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Montana, Oklahoma, South Dakota, Tennessee, Vermont, Virginia, West Virginia, Wisconsin and Wyoming.

⁴ KRS 320.240(4) requires the KBOE to promulgate regulations for classification and licensure. KRS 320.240(5) requires therapeutically licensed optometrists to meet educational and competence criteria set by the Board before performing expanded therapeutic procedures.

glaucoma, posterior capsulotomy, peripheral iridotomy, laser trabeculoplasty, minor surgical procedures, emergency procedures, and related surgical topics.

AND

- (2) Clinical or laboratory experience, including video demonstration, in vitro observation or participation, in vivo observation, and a formal clinical or laboratory practical examination.

AND

- (3) Passage of a written test utilizing the National Board of Examiners in Optometry format.

OR

201 KAR 5:110 Section 2: Proof of graduation from an accredited school or college of optometry that includes the required education, training and testing requirements in expanded therapeutic procedures stated above.⁵

The following additional competency evaluation is required:

- 201 KAR 5:110, Section 4: Documentation from a Board approved preceptor indicating that the optometrist performed the anterior segment laser procedure in the presence of the preceptor and demonstrated clinical proficiency to the preceptor in performing the procedure on a living human eye.

Additionally, other regulation provisions establish the requirements for Kentucky's licensure by endorsement procedures⁶, and the endorsement by licensure credentialing requirements to perform expanded therapeutic procedures.⁷

⁵ All accredited schools and colleges of optometry are required to provide extensive education and clinical competency training in the diagnosis, treatment, and management of ocular disease, including didactic, laboratory, and supervised clinical experiences. (See Accreditation Council on Optometric Education (ACOE) [2025 Professional Optometric Degree Program Standards](#), as adopted Oct. 2023 and updated Oct. 2025). In addition, several accredited institutions provide advanced therapeutic procedure education, including ophthalmic laser procedures, through structured curricula addressing laser physics, patient selection, procedural technique, complication management, and peri-operative care. (See Association of Schools and Colleges of Optometry (ASCO) Framework for Developing Optometric Curriculum Guidelines and Educational Standards for Ophthalmic Surgery, 2020).

⁶ 201 KAR 5:010, Section 2.

⁷ 201 KAR 5:110, Section 3.

7- Recommendations and Rationale

7.1 Recommendation 1: Preserve Kentucky's Comprehensive Education-Based Pathway

The workgroup recommends maintaining the current educational requirements for expanded therapeutic procedures. Applicants should continue to qualify through either completion of qualifying expanded therapeutic procedure education during optometry school or completion of the approved 32 hour expanded therapeutic procedures course if the applicant did not receive qualifying education during optometry school.

The workgroup does not recommend adding the NBEO Laser and Surgical Procedures Examination (LSPE) as a standalone alternative pathway in place of the required educational component.

7.1.1 Rationale

The workgroup discussed the value of structured didactic education and determined that an examination alone should not replace formal education or training. While the NBEO LSPE may provide a standardized assessment of cognitive ability and includes clinical skills and multiple choice portions, the workgroup expressed concern that an exam only pathway could allow applicants to bypass the foundational educational component required under Kentucky's current framework.⁸ The workgroup recognized that NBEO-style testing is already required for initial optometric licensure in Kentucky through the national board examination requirements established by Kentucky law and regulation. For that reason, the workgroup determined that adding the NBEO LSPE as a standalone substitute for the expanded therapeutic procedures educational component would not meaningfully strengthen the credentialing pathway. The workgroup concluded that maintaining the 32-hour didactic training requirement, when qualifying education was not completed during optometry school, together with documented live-eye procedural proficiency, provides a stronger and more comprehensive approach to expanded therapeutic procedure credentialing.

Maintaining the current educational pathway supports patient safety, consistency, and public confidence.

7.2 Recommendation 2: Establish Minimum Candidate Procedural Requirements

The workgroup recommends that candidates seeking laser privileges complete the following minimum live patient procedures as the primary procedural provider under approved supervision:

- Five (5) YAG capsulotomies;
- Five (5) selective laser trabeculoplasties (SLT); and
- Four (4) laser peripheral iridotomies (LPI).

Credentialing may be procedure specific. A candidate seeking credentialing for one procedure must satisfy the requirement for that procedure. Procedures performed during optometry school, residency, externship, or another approved educational setting may count toward the minimum procedural requirements, provided the procedures were successfully performed on live patients, the candidate

⁸ National Board of Examiners in Optometry, LSPE official examination information; LSPE is described as a hybrid examination consisting of clinical skills and multiple choice portions, with laser and surgical sections administered separately.

served as the primary procedural provider, the Board approved proctor directly observed the procedure, and the procedure is properly documented.

7.2.1 Rationale

The workgroup discussed competency-based assessment versus numerical minimums. While members acknowledged that procedural numbers alone do not establish competency, the group determined that minimum live patient procedural experience should be required in addition to proctor evaluation.

The proposed minimums align with Accreditation Council for Graduate Medical Education (ACGME) ophthalmology case log minimums for YAG capsulotomy, laser trabeculoplasty, and laser iridotomy. ACGME lists minimums of five YAG capsulotomies, five laser trabeculoplasties, and four laser iridotomies for ophthalmology residents.⁹ ACGME also cautions that minimum numbers are not a final target and that achievement of minimums does not signify competence, which supports the workgroup's recommendation to combine minimum procedure numbers with direct proctor evaluation.¹⁰

7.3 Recommendation 3: Establish Minimum Qualifications for Approved Proctors

The workgroup recommends that approved proctors meet minimum qualifications before serving as a proctor for expanded therapeutic laser procedures.

An approved proctor should have:

1. At least three years of clinical practice experience *or* completion of an accredited one-year residency program; and
2. Procedure specific experience, including:
 - Fifty (50) YAG capsulotomies to proctor YAG capsulotomy;
 - Fifty (50) SLTs to proctor SLT; and
 - Thirty (30) LPs to proctor LPI.

Proctor approval should be procedure specific.

7.3.1 Rationale

The workgroup determined that proctors should possess meaningful experience in the specific procedure they are evaluating. The group discussed the need to balance patient safety with access to qualified proctors, especially in rural areas.

Because LPs are less commonly performed than YAG capsulotomy and SLT, the workgroup recommended a lower LPI threshold while still requiring substantial procedure specific experience.

⁹ ACGME, Case Log Information: Ophthalmology, Procedural Categories and Minimum Numbers, effective July 1, 2023; lists 5 YAG capsulotomies, 5 laser trabeculoplasties, and 4 laser iridotomies.

¹⁰ ACGME, Case Log Information: Ophthalmology, notes that minimum numbers are acceptable minimal experience, are not final target numbers, and achievement does not signify competence.

7.4 Recommendation 4: Establish DSLT Proctor Requirements

The workgroup recommends establishing specific requirements for approved Direct Selective Laser Trabeculoplasty (DSLST) proctors.

Approved DSLST proctors should have either three years of clinical practice experience *or* completion of an accredited one-year residency program; *and* demonstrate either:

- Fifty (50) SLT procedures *and* ten (10) DSLST procedures; or
- Fifty (50) DSLST procedures.

7.4.1 Rationale

The workgroup discussed DSLST as an emerging technology related to traditional SLT but involving different equipment and procedural technique. The recommendation recognizes the relevance of SLT experience while requiring direct DSLST experience for proctors. SLT requires gonioscopic visualization and precise targeting of the trabecular meshwork by the treating clinician. In contrast, DSLST is a non-contact, automated translimbal procedure that delivers laser energy through the limbus without requiring gonioscopy or manual trabecular meshwork visualization¹¹, so a doctor proficient in SLT can readily add it.

7.5 Recommendation 5: Establish DSLT Candidate Credentialing Requirements

The workgroup recommends that candidates seeking DSLST credentialing must complete five (5) DSLST procedures under the supervision of an approved proctor. Procedures performed during optometry school, residency, externship, or another approved educational setting may count toward the minimum procedural requirements, provided the procedures were successfully performed on live patients, the candidate served as the primary procedural provider, the Board approved proctor directly observed the procedure, and the procedure is properly documented.

Candidates who are already credentialed for SLT may obtain DSLST privileges through documented device specific, board approved training.

7.5.1 Rationale

The workgroup discussed that candidates without SLT credentials should demonstrate supervised DSLST experience. Candidates already credentialed in SLT have demonstrated foundational laser trabeculoplasty competency and may reasonably obtain DSLST privileges through board approved, device specific training that meets the Board's standards, such as in office training offered by device manufacturers. SLT requires gonioscopic targeting of the meshwork and is the more demanding, foundational procedure, while DSLST delivers automatically through the limbus without a gonio lens, so a doctor proficient in SLT can readily add it.

7.6 Recommendation 6: Adopt a Standardized Proctor Evaluation Rubric

The workgroup recommends that the Board adopt a standardized rubric for proctors to use when evaluating candidates seeking expanded therapeutic laser privileges.

¹¹ Sacks ZS, Dobkin-Bekman M, Geffen N, Goldenfeld M, Belkin M. Non-contact direct selective laser trabeculoplasty: light propagation analysis. Biomedical Optics Express; 2020.

The rubric should include procedure specific competency elements and should be used consistently by all Board approved proctors.

7.6.1 Rationale

The current process relies heavily on individual proctor discretion. The workgroup recognized that clinical judgment is important but also determined that a standardized rubric would reduce variability, provide clearer documentation, and promote consistency across candidates and proctors.

Published competency-based ophthalmic laser assessment literature supports structured checklists and global rating scales for YAG capsulotomy, laser peripheral iridotomy, and selective laser trabeculoplasty.¹²

The workgroup's recommendations are intended to strengthen consistency in documenting live-patient procedural experience and competency.

7.7 *Recommendation 7: Require Direct Simultaneous Visualization by Proctors*

The workgroup recommends that approved proctors be required to utilize a teaching scope, video system, or other method of simultaneous visualization when observing candidates perform laser procedures.

7.7.1 Rationale

The workgroup determined that a proctor cannot adequately evaluate procedural competency without directly observing the procedure in real time. Simultaneous visualization is necessary to assess patient positioning, focus, aiming, energy selection, tissue endpoint recognition, safety steps, procedure completion, and whether the candidate is performing the procedure appropriately.

7.8 *Recommendation 8: Add LPI Specific Safety Language*

The workgroup recommends that the proctoring rubric and guidance documents developed by the board include LPI specific safety language addressing higher risk cases.

The rubric should require documentation that the candidate can identify and appropriately manage LPI risk factors. The rubric should likewise include procedure specific competency elements for YAG capsulotomy and SLT.

7.8.1 Rationale

The workgroup discussed that LPI may present unique risks depending on iris anatomy, pigmentation, angle configuration, and the presence of peripheral anterior synechiae. Members emphasized that candidates must demonstrate the ability to identify cases that may require additional caution, alternative

¹² Wentzell DD, Chung H, Hanson C, Gooi P. Competency Based Education Assessment Tools for Laser Capsulotomy, Peripheral Iridotomy, and Selective Laser Trabeculoplasty. Ophthalmology Glaucoma. 2019.

technique, pretreatment, or referral. The literature emphasizes gonioscopy and dynamic gonioscopy in the diagnosis and management of primary angle closure disease.^{13 14}

7.9 Recommendation 9: Licensure by Endorsement

The workgroup recommends that applicants seeking Kentucky licensure by endorsement and requesting laser privileges must document completion of the same minimum live patient procedural requirements required of Kentucky candidates:

- Five (5) YAG capsulotomies;
- Five (5) SLTs; and
- Four (4) LPIs.
- Five (5) DSLTs.

The Board may determine the appropriate form of documentation or verification required to establish that the applicant performed these procedures in other jurisdictions before seeking licensure by endorsement in Kentucky. Credentialing may be procedure specific. A candidate seeking credentialing for one procedure must satisfy the requirement for that procedure.

7.9.1 Rationale

The workgroup discussed that some states may grant laser privileges through pathways that do not require documented live patient experience. To maintain consistent standards, applicants seeking Kentucky laser privileges by endorsement should demonstrate the same minimum procedural experience required of Kentucky applicants.

7.10 Recommendation 10: Do Not Require Adjunct Faculty Status for Proctors

The workgroup recommends that approved proctors not be required to maintain adjunct faculty appointments or equivalent teaching affiliations, provided they otherwise meet Board approved qualifications.

7.10.1 Rationale

The workgroup determined that requiring faculty or adjunct faculty status may unnecessarily limit access to qualified proctors. Many qualified clinicians may have substantial procedural experience but no formal academic appointment. The appropriate standard for proctor qualification is demonstrated procedural competency and sufficient procedure specific experience, not academic title or faculty appointment. Faculty status does not necessarily reflect current procedural skill, and requiring such an appointment would unnecessarily limit the pool of otherwise qualified proctors, particularly in areas outside Kentucky's academic centers, without providing a corresponding benefit to patient safety.

¹³ Besada E, Reynolds S. Evaluation and management of plateau iris syndrome. Optometry. 2005

¹⁴ Freisberg L, Lighthizer N, Skarin L Jr, Stonecipher K, Zimmerman A, eds. The Ophthalmic Laser Handbook. 1st ed. Wolters Kluwer Health; 2021.

7.11 Recommendation 11: Permit Qualified Out of State Proctors

The workgroup recommends that qualified out of state proctors be permitted to apply for approval by the KBOE if they meet the same criteria required of Kentucky proctors.

7.11.1 Rationale

Students and licensees may obtain training or procedural experience outside Kentucky. Allowing qualified out of state proctors supports access to training while preserving consistency by requiring Board approval and use of the same standards.

7.12 Recommendation 12: Require Periodic Review of Approved Proctors

The workgroup recommends that approved proctors be reviewed and renewed by the Board every five years.

7.12.1 Rationale

The workgroup determined that proctor approval should not remain indefinite without review. Periodic review allows the Board to confirm that proctors remain active, qualified, available, and able to provide appropriate supervision and competency assessment. A five-year review period was considered a reasonable balance between oversight and administrative burden.

7.13 Recommendation 13: Grandfather Currently Credentialed Providers

The workgroup recommends that optometrists currently credentialed by the KBOE to perform expanded therapeutic laser procedures should not be required to repeat proctorship solely because new standards are adopted prospectively.

7.13.1 Rationale

The workgroup recommends prospective implementation. Current providers were credentialed under the process in effect at the time of their credentialing. The workgroup did not recommend retroactive re-proctoring for providers currently credentialed.

7.14 Recommendation 14: Retain Board Flexibility for Evolving Technologies

The workgroup recommends that the Board retain discretion to review new and evolving technologies on a case-by-case basis.

When new procedures or technologies arise, the Board may reconvene this workgroup or appoint another subject matter group to evaluate whether additional training, proctorship, documentation, or credentialing requirements are necessary.

7.14.1 Rationale

The workgroup recognized that laser technology will continue to evolve. Some new technologies may represent variations of existing procedures, while others may require additional training, proctorship, or Board review. A case-by-case approach allows the Board to remain responsive without creating rigid rules that may quickly become outdated.

7.15 Recommendation: Other provisions

After review and discussion of Kentucky's existing expanded therapeutic procedure credentialing regulation, 201 KAR 5:110, the workgroup recommends that all other regulatory requirements not specifically addressed in these recommendations remain unchanged.

The workgroup found the remaining provisions of the regulation to be sufficient, appropriate, and consistent with the Board's responsibility to protect the public while allowing qualified optometrists to provide expanded therapeutic procedures.

The workgroup's recommendations are therefore intended to strengthen specific areas related to procedural competency, proctor qualifications, documentation, and evolving technologies, rather than to replace the existing regulatory framework in its entirety.

8- Implementation Considerations

If adopted by the Board, these recommendations may require updates to KBOE forms, applications, proctor approval procedures, proctor evaluation documents, candidate documentation requirements, and potentially administrative regulations.

The workgroup also recommends that the Board consider development of a standardized process for reporting significant adverse events associated with Expanded Therapeutic Procedures. Such a process could assist the Board in monitoring patient outcomes, identifying trends, evaluating the effectiveness of credentialing requirements, and supporting ongoing quality improvement and patient safety initiatives.

The workgroup recommends that the Board consider implementation in a prospective manner and provide clear notice to licensees, applicants, optometry schools, residency programs, and approved proctors.

Specific implementation steps may include:

1. Develop and approve a standardized proctor evaluation rubric;
2. Develop procedure specific candidate checklists;
3. Create a procedural log template;
4. Revise proctor approval forms to include procedure specific qualifications;
5. Establish a five-year renewal process for approved proctors;
6. Establish documentation standards for endorsement applicants;
7. Establish documentation standards for DSLT board approved, device specific training;
8. Clarify how school, externship, residency, and out of state training experiences may be approved;
9. Review whether regulatory amendment is required; and
10. Publish clear guidance to applicants and current licensees.

9- Conclusion

The Patient Safety in Expanded Therapeutic Procedures Workgroup recommends that the Kentucky Board of Optometric Examiners adopt a more standardized credentialing process for expanded therapeutic laser procedures. The recommendations are intended to preserve access to care while strengthening public protection, improving consistency, requiring documented live patient procedural experience, defining proctor qualifications, and allowing the Board to address future technologies in a thoughtful and flexible manner.

The workgroup respectfully submits these recommendations to the Kentucky Board of Optometric Examiners for consideration.

10-Appendix A - Proposed Standardized Proctor Evaluation Rubric

The following draft rubric is intended as a starting point for Board consideration. The rubric should be adapted into a final Board approved form before implementation.

Domain	Required Element	Pass/Fail	Comments
Pre-Procedure	Candidate confirms patient identity, correct eye, indication, contraindications, consent, and relevant workup.		
Pre-Procedure	Candidate confirms laser type, laser mode, lens, settings, and safety timeout.		
Pre-Procedure	Candidate demonstrates appropriate gonioscopy or procedure specific examination when indicated.		
Procedure	Candidate demonstrates safe patient positioning, focus, aiming, energy selection, and tissue endpoint recognition.		
Procedure	Candidate maintains patient communication and procedural control.		
Procedure	Proctor directly observes the procedure through a teaching scope, video system, or equivalent simultaneous visualization method.		
LPI Specific	Candidate identifies high risk anatomy including PAS, dark, thick iris, plateau iris, appositional versus synechial closure, or need for indentation gonio/pretreatment/referral.		
Post Procedure	Candidate provides appropriate postoperative assessment, IOP plan, medication plan, patient education, and follow-up.		
Documentation	Candidate documents procedure, settings, complications, plan, and proctor evaluation.		
Overall	Candidate demonstrates safe independent performance for the specific procedure.		

11- Appendix B - Candidate Competency Checklist

For each procedure, the proctor should confirm that the candidate has demonstrated the following:

1. Knowledge of indication and contraindications;
2. Review of relevant clinical workup;
3. Confirmation of informed consent;
4. Patient identification and site verification;
5. Laser type and mode verification;
6. Appropriate lens selection and handling;
7. Appropriate energy selection and titration;
8. Safe aiming and focus;
9. Recognition of tissue endpoint;
10. Recognition and management of complications;
11. Appropriate post procedure assessment and plan;
12. Accurate documentation; and
13. Overall readiness for independent performance.

Procedure specific additions should be included for YAG capsulotomy, SLT, LPI, and DSLT.

12- Appendix C - Procedural Log Template

Date	Candidate	Procedure	Eye	Patient/Chart ID	Primary Performer?	Approved Proctor	Outcome/Notes

The Board may require supporting documentation or attestation from the approved proctor to verify that the candidate served as the primary procedural provider.

13- Appendix D - Source Documentation and References

1. Kentucky Revised Statutes, KRS Chapter 320 and KRS 320.240, Board powers and duties.
2. 201 KAR 5:010, Application for licensure; endorsement, Kentucky Legislative Research Commission.
3. 201 KAR 5:110, Expanded therapeutic procedures, Kentucky Legislative Research Commission.
4. National Board of Examiners in Optometry, Laser and Surgical Procedures Examination (LSPE) official examination information.
5. Accreditation Council for Graduate Medical Education, Case Log Information: Ophthalmology, Procedural Categories and Minimum Numbers, effective July 1, 2023.
6. Wentzell DD, Chung H, Hanson C, Gooi P. Competency Based Education Assessment Tools for Laser Capsulotomy, Peripheral Iridotomy, and Selective Laser Trabeculoplasty. Ophthalmology Glaucoma. 2019.
7. American Academy of Ophthalmology, Primary Angle Closure Disease Preferred Practice Pattern.
8. Freisberg L, Lighthizer N, Skorin L Jr, Stonecipher K, Zimmerman A, eds. The Ophthalmic Laser Handbook. 1st ed. Wolters Kluwer Health; 2021.
9. Lighthizer N, et al. Establishment and Review of Educational Programs to Train Optometrists in Laser Procedures and Injections. Clin Exp Optom. 2024
10. Lighthizer N, et al. Nd:YAG Laser Capsulotomy: Efficacy and Outcomes Performed by Optometrists. Optom Vis Sci. 2023
11. Swystun AG, et al. The safety and effectiveness of optometrist delivered laser peripheral iridotomy. Eye (Lond). 2026
12. Swystun AG, et al. The safety and effectiveness of optometrist-delivered selective laser trabeculoplasty. Eye (Lond).2025
13. Besada E, Reynolds S. Evaluation and management of plateau iris syndrome. Optometry. 2005
14. Sacks ZS, Dobkin-Bekman M, Geffen N, Goldenfeld M, Belkin M. Non-contact direct selective laser trabeculoplasty: light propagation analysis. Biomedical Optics Express; 2020.

14- Appendix E- Approved Workgroup Structure by KBOE

Patient Safety in Expanded Therapeutic Procedures Workgroup

- The Kentucky Board of Optometric Examiners (“KBOE”) proposes creation of the Patient Safety in Expanded Therapeutic Procedures Workgroup (“Workgroup”) to provide expert guidance regarding training standards, credentialing, competency verification, and patient safety protocols related to certain laser procedures performed by optometrists as authorized under Kentucky law.
- The Workgroup shall be composed of the following:
 - Two (2) optometrists currently serving on the Kentucky Board of Optometric Examiners;
 - Two (2) Kentucky laser-credentialed and practicing optometrists, which includes one (1) optometrist submitted by the Kentucky Optometric Association and one (1) optometrist who has self-nominated to the committee;
 - Three (3) Kentucky licensed and practicing ophthalmologists, which includes one (1) ophthalmologist submitted by the Kentucky Association of Eye Physicians and Surgeons and two (2) ophthalmologists who have self-nominated to the committee;
 - One (1) current optometrist faculty member of the Kentucky College of Optometry submitted by the Dean of the Kentucky College of Optometry; and
 - One (1) licensed optometrist not currently practicing in Kentucky who meets one or several of the following criteria:
 - a. Has performed a high volume of YAG/SLT procedures;
 - b. Has taught laser CE courses;
 - c. Has published or presented nationally;
 - d. Involved in advanced procedures education; or
 - e. Has participated in credentialing frameworks.
- Members of the Workgroup shall be appointed by the KBOE and shall serve in an advisory capacity to the KBOE.
- The President of the KBOE shall make any necessary appointments to fill vacancies.
- The Workgroup shall review the existing safety standards and credentialing process for laser procedures by Kentucky optometrists and shall supply written recommendations to the KBOE by July 1, 2026.
- The KBOE shall review the Workgroup recommendations and formally promulgate administrative regulations which include the approved changes which will be effective in 2027.
- The Workgroup shall provide guidance and written recommendations to the KBOE on an ongoing basis upon request by the KBOE.
- The KBOE shall supply all written recommendations from the Workgroup to the Kentucky General Assembly upon request.

15- Appendix F –Workgroup Participants

Patient Safety in Expanded Therapeutic Procedures Workgroup

Slate of Workgroup Participants:

- Two (2) optometrists currently serving on the Kentucky Board of Optometric Examiners;
 - a. **Mary Beth Morris, O.D., President-KBOE**
 - b. **Ian McWherter, O.D., F.A.A.O.**
- Two (2) Kentucky laser-credentialed and practicing optometrists, which includes one (1) optometrist submitted by the Kentucky Optometric Association
 - a. **Ian Benjamin Gaddie, O.D., F.A.A.O**and one (1) optometrist who has self-nominated to the committee;
 - b. **Aaron McNulty, O.D., F.A.A.O**
- Three (3) Kentucky licensed and practicing ophthalmologists, which includes one (1) ophthalmologist submitted by the Kentucky Association of Eye Physicians and Surgeons
 - a. **(none submitted)**and two (2) ophthalmologists who have self-nominated to the committee;
 - b. **Lawrence Tenkman, M.D.**
 - c. **Inder Singal, M.D.**
- One (1) current optometrist faculty member of the Kentucky College of Optometry submitted by the Dean of the Kentucky College of Optometry;
 - a. **Mohammed Naja, O.D.**and
- One (1) licensed optometrist not currently practicing in Kentucky who meets one or several of the following criteria:
 - f. Has performed a high volume of YAG/SLT procedures;
 - g. Has taught laser CE courses;
 - h. Has published or presented nationally;
 - i. Involved in advanced procedures education; or
 - j. Has participated in credentialing frameworks.
 - a. **Nathan Lighthizer, O.D., F.A.A.O, F.A.A.O.M.S**