



KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

163 West Short Street
Suite 550
Lexington, KY 40507
(859) 246-2744
<http://optometry.ky.gov>

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):

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

Applicant Signature
Dean, or School Representative

Date