



KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

163 West Short Street
Suite 550
Lexington, KY 40507
(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