



**KENTUCKY BOARD OF OPTOMETRIC EXAMINERS**

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

**APPLICATION FOR KENTUCKY LICENSED OPTOMETRIST TO BE  
CREDENTIALLED TO UTILIZE EXPANDED THERAPEUTIC PROCEDURES**

There are 2 ways to obtain a credential:

- (1) Official verification from another state indicating your license is active, in good standing, and you are credentialed to perform expanded therapeutic procedures in that state. You shall document that the requirements of the other state meet or exceed KY requirements;  
**OR you must provide proof of:**
- (2) A KY License indicating you are therapeutically licensed and completion of a minimum 32 hour course from an accredited school of optometry or medicine.  
Complete the following:

- 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"/> Clinical/Lab Work (Video, In Vitro, In Vivo)                   |
| <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