



KENTUCKY BOARD OF OPTOMETRIC EXAMINERS

2365 Harrodsburg Road, Suite A240
Lexington, KY 40504-3333
(859) 246-2744
<http://optometry.ky.gov>

OPTOMETRIST REGISTRATION TO DISPENSE PHARMACEUTICAL AGENTS

Name _____ Kentucky License No. _____

Address (Include all premises where Care, Dispensing, Recordkeeping, and Storage will occur) _____

I intend to dispense pharmaceutical agents to patients as authorized in KRS 320.240(12) to (14), 201 KAR 5:140, and Kentucky Board of Optometric Examiners Advisory Opinion 2021-001 (Please Check Box):

The pharmaceutical agent classifications that I intend to dispense in this license year include (list all that apply, [this form may be amended at any time]): _____

I hereby acknowledge that the Kentucky Board of Optometric Examiners (KBOE) has the sole authority to determine what constitutes the practice of optometry and to determine what acts on the part of any person licensed as an optometrist in Kentucky shall constitute unprofessional conduct. The KBOE may impose penalties for failure to adhere to the dispensing requirements established in 201 KAR 5:140 and KBOE Advisory Opinion 2021-001, pursuant to KRS Chapter 320.

I hereby acknowledge that the Cabinet for Health and Family Services' Office of Inspector General shall have access at all reasonable times to any premises where dispensing medication takes place. This access shall include the right to inspect the premises, and the inspection of any books, papers, documents, or other evidence pertaining to the dispensing of medication, pursuant to KRS 217.155.

I certify that I have read and will comply with all dispensing requirements set forth within KRS 320.240, 201 KAR 5:140 and KBOE Advisory Opinion 2021-001.

Registrant's Name (please print)

Date

Registrant's Signature

Date Printed: June 2021