

State Board of Optometry 4815 W. Markham St., Slot 70

4815 W. Markham St., Slot 70 Little Rock, AR 72205 Phone: (501) 534-6139 Fax: (501) 534-6026

www.aroptometry.org

ADH.OptometryBoard@arkansas.gov

FOR BOARD	
USE ONLY:	
Received:	
Fee:	
AP License Number:	

Application for Advanced Procedures Examination

Personal Data

First Name	Middle Name	Last Name		
Mailing Address		City	State	Zip
Email Address	P	hone Number	License Number	
Education – Course *Include course certificate	e Completion within Las	st Five Years		
	School	Cor	mpletion Date	
Have you ever had a licer If yes, give details:	nse to practice optometry revok	ed or suspended?	Yes: No:	-
, , ,,	g to be licensed to perform auth . seq. and the Rules duly promul	•	in the State of Arkansas in a	ccordance with Ark.
, , , , ,	ion for the Arkansas Department in this application from any pers	,	. ,	ion concerning myself
	or money order in the amount of nentation must be received 30 d o	-	-	dable. The application,
, ,	sification or misrepresentation o itted separately, is sufficient gro the State of Arkansas.	, ,	• • •	
	Signature of Applicant	<u> </u>	Date of App	lication

REQUIREMENTS FOR CREDENTIALING FOR ADVANCED PROCEDURES

- 1. Pursuant to Act 579 of 2019 codified in A.C.A.§17-90-101 (a)(3)(D), Arkansas licensed Optometric Physicians shall be credentialed to perform authorized procedures listed in A.C.A. §17-90-101 (a)(3)(D) if:
 - a. The applicant provides proof of holding an Arkansas license to practice as an Optometric Physician and is in good standing;
 - b. The applicant provides proof of satisfactory completion of a course of instruction completed not more than 5 years prior to application of credentialing; provided that the course:
 - (1) is provided by an accredited college of optometry, osteopathy or medicine;
 - (2) includes a minimum of 32 clock hours in length;
 - (3) is sponsored by an organization approved by the board,; and
 - (4) includes the following didactic classroom instructions:
 - (a) laser physics, hazards, and safety;
 - (b) biophysics of lasers;
 - (c) laser application on clinical optometry;
 - (d) laser tissue interactions;
 - (e) laser indications, contraindications, and potential complications;
 - (f) gonioscopy;
 - (g) laser therapy for open angle glaucoma;
 - (h) laser therapy for angle closure glaucoma;
 - (i) posterior capsulotomy;
 - (j) common complications: lids, lashes, lacrimal system;
 - (k) medicolegal aspects of anterior segment procedures;
 - (I) peripheral iridotomy;
 - (m) laser trbeculoplasty
 - (n) minor surgical procedures;
 - (o) overview of surgical instruments, asepsis, and O.S.H.A.
 - (p) surgical anatomy of the eyelids;
 - (g) emergency surgical procedures;

- (r) chalazion management;
- (s) local anesthesia: techniques and complications;
- (t) anaphylaxis and other office emergencies;
- (u) radiofrequency surgery;
- (v) post-operative wound care; and
- (5) Includes the following clinical or laboratory experience;
 - (a) Video Demonstration; and
 - (b) In Vitro Observation or participation
- 2. Once applicant satisfactorily completes education requirements:
 - The applicant must satisfactorily complete a written test administered or approved by the Arkansas State Board of Optometry on aspects of the Arkansas Optometry Practice act pertaining to this rule.
 - b. The applicant must satisfactorily complete a clinical examination administered or approved by the Arkansas State Board of Optometry pertaining to this rule.
 - c. The applicant must satisfactorily complete a written jurisprudence examination administered by the Arkansas State Board of Optometry pertaining to this rule.