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Scope of optometric practice in the United States

Abstract

Current!), there is no resource at Pacific University which compiles the basic scope of practice of optometric physicians in each state. The intention is to provide a valuable reference to fellow optometry students planning to practice in the United States which outlines prescribing privileges, licensing requirements, CE requirements, information needed to join respective state associations, and state and national board exam requirements.

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Thesis

Degree Name

Master of Science in Vision Science

Committee Chair

Nada Lingel

Subject Categories

Optometry

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SCOPE OF OPTOMETRIC PRACTICE IN THE UNITED STATES

A SUMMARY



BY
BROOKE FENSTAD
AMANDA HABER
KARI KUHN

A thesis submitted to the faculty of the
College of Optometry
Pacific University
Forest Grove, Oregon
for the degree of
Doctor of Optometry
May 2005

Advisor: Nada Lingel, O.D., M.S., F.A.A.O.

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Signature Page

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AUTHOR BIOGRAPHIES

Brooke Fenstad grew up in Avon, MN and attended the College of St Benedict's/St John's University and received her Bachelor of Arts in Nutrition Science. She will graduate in May of 2005 with a Doctor of Optometry degree from Pacific University. She is a member of the Beta Sigma Kappa Honor Society and served as the SOA Faculty Representative for two years. She also served as a Graduate Assistant to the optometry program in the Admissions office. She plans to practice in North Dakota.

Amanda Haber grew up in Wolf Point, MT and attended Montana State University-Bozeman. She obtained a Bachelor of Science degree in Visual Science from Pacific University. She will graduate in May of 2005 with a Doctor of Optometry degree from Pacific University. She is a member of the Beta Sigma Kappa Honor Society. She plans to move back to Montana and work in a private practice.

Kari Kuhn grew up in Dickinson, ND and attended Minnesota State University Moorhead where she obtained a Bachelor of Arts degree in Biology. She will graduate in May of 2005 with a Doctor of Optometry degree from Pacific University. She is currently a member of the Beta Sigma Kappa Optometric Honor Society. She served as the PUCO Student Optometric Association President Elect in her second year, and SOA President in her third year. She plans to apply for an optometric residency during her fourth year.

ABSTRACT

Currently, there is no resource at Pacific University which compiles the basic scope of practice of optometric physicians in each state. The intention is to provide a valuable reference to fellow optometry students planning to practice in the United States which outlines prescribing privileges, licensing requirements, CE requirements, information needed to join respective state associations, and state and national board exam requirements.

Acknowledgement

We would like to thank our advisor, Dr. Nada Lingel for her guidance on this project.

We would also like to thank the individual state boards for sending us state information.

Disclosure

The statutory provisions and rules contained in this booklet are not to be considered the final authority of the current laws governing each state. While every effort has been made to insure the accuracy and completeness of this booklet, it is impossible to include changes in the laws that occur after this booklet has been printed. This booklet is applicable for the optometrists graduating after 2004.

Revision to the laws contained in this booklet may be obtained by contacting the individual state Boards.

ALABAMA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
COST	Application/Examination Fee: Not to exceed \$500 Renewal fee: \$160 Additional \$100 if licensed for TPAs
LICENSE RENEWAL DATE	October 1st of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	Hours will be determined by the board but will not exceed 25 hours in any calendar year.
TYPE REQUIRED	For those authorized to administer pharmaceuticals, not less than 20 nor more than 25 hours of CE must be completed with half of them in the diagnosis, treatment, and management of ocular disease.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Parts I, II, and III, NOT including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - written exam
SCORES REQUIRED	The exam is divided into 5 to 7 sections. An average score of 75% over all sections is passing. However, if an applicant fails to get at least 75% in two sections, they will fail the exam.
STATE ASSOCIATION	
NAME	Alabama Optometric Association
ADDRESS	400 S Union Street, Suite 435
CITY, STATE ZIP	Montgomery, AL 36104
TELEPHONE	334-834-1057
WEBSITE	www.alaopt.org

Additional Notes: ODs licensed in Alabama may NOT prescribe Schedule I or II narcotic analgesics, or any Schedule III drugs containing hydrocodone.

ALASKA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Fee: \$50 Examination Fee: \$50 License Renewal Fee: \$420 biennially Pharmaceutical Agent Prescription and Use Endorsement: \$100
COST	biennially
LICENSE RENEWAL DATE	All licenses expire on December 31st of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	24 Hours biennially
TYPE REQUIRED	If an applicant wants to renew a pharmaceutical endorsement, at least 12 hours biennially in ocular pathology or pharmacology must be completed in addition to the aforementioned requirements. No more than 3 hours in practice management is acceptable.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	State law exam required - open book
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	Alaska Optometric Association
ADDRESS	1689 C Street, Suite 222
CITY, STATE ZIP	Anchorage, AK 99501
TELEPHONE	1-877-693-2562
WEBSITE	www.ako.org

Additional Notes: ODs in Alaska may NOT use oral pharmaceutical agents.

ARIZONA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - Pursuant to certain restrictions. See below.
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
	Initial Application/Examination Fee: \$150 Renewal Fee: \$400 every two years
COST	Special Qualification Fee: \$20 (To administer therapeutics)
LICENSE RENEWAL DATE	Every other year on or before the licensee's birthday
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	32 hours every two years. For those authorized to prescribe, dispense, and administer pharmaceuticals, a portion of the CE credits must include pharmaceutical use education.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	Yes - law exam
SCORES REQUIRED	75% or higher
STATE ASSOCIATION	
NAME	Arizona Optometric Association
ADDRESS	1702 East Highland Avenue, Suite 213
CITY, STATE ZIP	Phoenix, AZ 85016
TELEPHONE	602-279-0055
WEBSITE	www.azoa.org

Additional Notes: A licensee in Arizona may NOT prescribe oral agents of the following type: steroids, antifungals, antivirals, CAIs, immunosuppressants, antimetabolites, or oral agents for the use of a closed angle glaucoma attack. A licensee may also not prescribe any substance administered intravenously. A licensee CAN prescribe a Schedule III controlled substance, provided it is an analgesic.

ARKANSAS



PRESCRIBING PRIVILEGES	
TOPICALS	YES - provided the applicant meets the requirements below
ORALS	YES - provided the applicant meets the requirements below
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$400 Renewal Fee: \$150 TPA License Renewal Fee: \$15 every 3 years Optometric Physician License Renewal Fee: \$50 per year
LICENSE RENEWAL DATE	February 1st of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	12 Hours per year are required, 1 of which must be in Arkansas optometric law. For an optometrist certified as an optometric physician, 20 hours per year are required.
TYPE REQUIRED	Of the 20 hours required as an optometric physician, 10 must be in general and ocular therapy and pharmacology. For those with a therapeutic license, proof must be shown on license renewal that there has been completion of at least 12 hours in pharmacology over the previous three years.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - Law and Pharmacology (see below)
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	Arkansas Optometric Association
ADDRESS	411 S Victory Street, Suite 202
CITY, STATE ZIP	Little Rock, AR 72201
TELEPHONE	501-661-7675
WEBSITE	www.arkansasoptometric.org

Additional Notes: To become certified as an optometric physician (and thus authorized to prescribe pharmaceuticals), applicants must first complete a post-graduate board approved course of study in ocular therapy and pharmacology. Upon completion of this course, the applicant must then take and pass a pharmacology exam given or approved by the Board. The applicant is then able to apply for a 100-hour internship of supervised clinical training under an board certified ophthalmologist in the examination, diagnosis, and treatment of conditions of the human eye and adnexa. After completion of the course and internship, the applicant must then take and pass an exam given or approved by the Board. Upon passing of this course, the applicant is certified to use pharmaceuticals. Prior to beginning treatment of glaucoma, the optometrist must consult with an ophthalmologist and develop a written protocol. There are also strict guidelines to follow regarding the prescription of oral steroids. See www.aoptometry.org for more details. Those licensed to prescribe pharmaceuticals may NOT prescribe Schedule I or II controlled substances.

CALIFORNIA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$125 Renewal Fee: \$300 every two years
LICENSE RENEWAL DATE	Licenses expire every two years at the end of the month in which the licensee's birthdate falls
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	Non therapeutic: 40 hours every 2 years including CPR certification. Therapeutic: 50 hours every 2 years including CPR certification. 35 of the 50 hours must include: 12 hours on glaucoma, 10 on ocular infections, 5 on inflammation and ocular steroids, 6 on systemic meds, and 2 on pain meds.
NEED PROOF OF PAPERS	Random audits are performed
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	Yes - law exam
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	California Optometric Association
ADDRESS	PO Box 2591
CITY, STATE ZIP	Sacramento, CA 95812-2591
TELEPHONE	916-441-3990
WEBSITE	www.coavision.org

Additional Notes: ODs in California may treat glaucoma provided they meet the guidelines set forth by the board: Applicants must complete a board approved course in glaucoma curriculum, provide proof of collaborative treatment of glaucoma of 50 patients for a period of two years, including diagnosis and treatment plans. For additional details, refer to www.optometry.ca.gov or in the State Laws and Regulations: Chp 676, Section 30413, Subsection (f).

COLORADO



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$113 (Licensure by exam) Renewal Fee: \$200 every two years
LICENSE RENEWAL DATE	March 31st of odd numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	24 Hours every two years
NEED PROOF OF PAPERS	N/A
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - take home law exam
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	Colorado Optometric Association, Inc.
ADDRESS	1600 Broadway, Suite 1320
CITY, STATE ZIP	Denver, CO 80202-4927
TELEPHONE	303-863-9778
WEBSITE	www.visioncare.org

Additional notes: Those applicants graduating after 1997 are able to treat glaucoma and anterior uveitis with no further coursework. Optometrists practicing in Colorado may not currently treat posterior uveitis.

CONNECTICUT



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$450 Renewal Fee: \$450 per year
LICENSE RENEWAL DATE	Licenses are renewed annually during the licensee's month of birth. Renewal will be required in the first birth month which immediately follows the issuance of licensure.
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	14 Hours
TYPE REQUIRED	Within the 14, those engaged in the use of ocular therapeutics must complete 4 hours in pathology detection and 4 hours in treatment as it applies to the use of therapeutics. No more than 4 hours may be in practice management.
NEED PROOF OF PAPERS	Upon request - periodic audits of licensees are performed
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
STATE ASSOCIATION	
NAME	Connecticut Association of Optometrists
ADDRESS	343 North Main Street
CITY, STATE ZIP	West Hartford, CT 06118
TELEPHONE	860-596-7509
WEBSITE	www.cao.org

DELAWARE



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fees are prorated depending on when the applicant applies. As of 3/5/04, application fee is \$131 Renewal Fees are set by the legislature every two years and are also prorated. As of 3/5/04, renewal fee is \$131
LICENSE RENEWAL DATE	June 30th of odd numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	12 Hours every two years is required. Those authorized to use and dispense pharmaceutical agents shall be required to complete 12 additional hours of CE credits biennially in ocular pharmacology, diagnosis, or treatment of ocular disease. All therapeutically certified optometrists shall be required to submit proof of current CPR certification.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
STATE ASSOCIATION	
NAME	Delaware Optometric Association, Inc.
ADDRESS	317 East Main Street
CITY, STATE ZIP	Newark, DE 19711
TELEPHONE	302-737-5777
WEBSITE	None

Additional Note: Applicants to the state of Delaware are required to complete a six month internship in optometry prior to receiving a license, unless they have practiced in a state with requirements equal or greater to DE for at least five years.

DISTRICT OF COLUMBIA

PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
	Application Fee: \$ 65
COST	License Fee (OD): \$156 (DPA): \$111 (TPA): \$111
	Renewal Fee: \$156 every two years
LICENSE RENEWAL DATE	March 31st of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	24 Hours every two years
NEED PROOF OF PAPERS	Yes - proof must be sent in with license renewal
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law exam
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	The Optometric Society of the District of Columbia
ADDRESS	7705 Cayuga Ave
CITY, STATE ZIP	Bethesda, MD 20817
TELEPHONE	301-229-4990
WEBSITE	None

Additional Notes: Therapeutic pharmaceutical agents includes topical steroidal anti-inflammatories and antivirals, and oral medications for the emergency treatment of angle closure glaucoma. Therapeutic pharmaceutical agents does NOT include oral and injectable antiviral and antifungal agents.

FLORIDA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Fee: \$250 Examination Fee: \$250 Initial Licensure Fee: \$325
COST	Renewal Fee: \$300 every two years
LICENSE RENEWAL DATE	Every 2 years from the initial application date
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 Hours every two years
TYPE REQUIRED	6 of the 30 hours must include ocular and systemic pharmacology and the diagnosis, treatment, and management of ocular and systemic diseases and conditions. 1 hour must be in AIDS education.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I and II, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - Part I (written law exam) and Part II (practical exam consisting of a clinical portion and a pharmacology/ocular disease portion)
SCORES REQUIRED	Part I - 84% Part II - Clinical portion: 75% Pharm./Disease portion: 70%
STATE ASSOCIATION	
NAME	Florida Optometric Association
ADDRESS	PO Box 13429
CITY, STATE ZIP	Tallahassee, FL 32317
TELEPHONE	850-877-4697
WEBSITE	www.floridaeyes.org

Additional Notes: Each applicant for examination shall have completed an educational course on HIV and AIDS approved by the Board of Optometry.

GEORGIA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - very limited and subject to certain restrictions. See below.
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$300 Examination Fee: \$100 Renewal Fee: \$200
LICENSE RENEWAL DATE	December 31st of odd numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	Non therapeutic: 30 hours per biennium Therapeutic: 50 hours per biennium, 20 of which must be in the treatment and management of ocular disease
NEED PROOF OF PAPERS	Only if audited
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	Yes - law exam
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	Georgia Optometric Association
ADDRESS	1000 Corporate Center Dr., Suite 240
CITY, STATE ZIP	Morrow, GA 30260
TELEPHONE	770-961-9866
WEBSITE	www.goaeyes.com

Additional Notes: In order to be certified to use pharmaceuticals, an optometrist must already be certified to use diagnostics, have passed the TMOD, be certified in CPR, and maintain at least \$1 million in malpractice insurance coverage. Those drugs approved to be used for topical treatment are specified by the board and can be found at www.ganet.org. Pharmaceuticals to be used orally may ONLY be: 1) nonnarcotic oral analgesics and 2) those Schedule III or IV drugs that are analgesics used for ocular pain. Certain restrictions also apply to the treatment of glaucoma. See www.ganet.org for more details.

HAWAII



PRESCRIBING PRIVILEGES	
TOPICALS	YES - provided the OD meets the requirements of a therapeutically certified optometrist - See below
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$ 25 Renewal Fee: \$170 every two years
LICENSE RENEWAL DATE	December 31st of odd numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	36 hours every two years for a therapeutically certified optometrist
TYPE REQUIRED	36 hours must be in the diagnosis, management and treatment of ocular disease to maintain a therapeutic license.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
STATE ASSOCIATION	
NAME	Hawaii Optometric Association
ADDRESS	220 S. King St, Suite 801
CITY, STATE ZIP	Honolulu, HI 96813-4526
TELEPHONE	808-395-6578
WEBSITE	None

Additional Notes: Those wishing to receive a therapeutic license must submit proof of completion of a board approved course in the treatment and management of ocular disease. (If the applicant graduated after 1997, the college the applicant graduated from may send in proof of completion). The applicant must also submit proof of completion of 100 hours of preceptorship experience under an ophthalmologist. These hours may be completed as part of fourth year preceptorship rotations. The therapeutically certified optometrist shall NOT prescribe oral pharmaceuticals, except those available without a prescription. In addition, treatment of glaucoma and the use of prescription anti-fungals shall NOT be allowed.

IDAHO



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
COST	Application Fee: \$100 Annual Renewal Fee: \$150 Certificate Fee to Obtain and Use Pharmaceuticals: \$10
LICENSE RENEWAL DATE	Prior to the applicant's annual birthdate
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	12 Hours of CE is required annually. For those authorized to administer and prescribe therapeutic pharmaceuticals, an additional six hours is required in ocular pharmacology and/or ocular disease. Each practitioner must complete a course in emergency medical care once every two years following certification.
NEED PROOF OF PAPERS	Random audits are performed to ensure compliance
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	Yes - open book law and rule exam
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	Idaho Optometric Association
ADDRESS	1016 East Locust Street
CITY, STATE ZIP	Emmett, ID 83617
TELEPHONE	208-365-2471
WEBSITE	www.eyeod.org

ILLINOIS



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Fee: \$500 (includes licensure, diagnostic and therapeutic certification)
COST	Renewal Fee: \$200 yearly (includes diagnostic and therapeutic renewal)
LICENSE RENEWAL DATE	March 31st of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	24 Hours every two years. For those certified to use therapeutic ocular pharmaceuticals, an additional 6 hours is required in the treatment of ocular disease.
NEED PROOF OF PAPERS	YES - proof must be sent in along with renewal application
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Parts I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
STATE ASSOCIATION	
NAME	Illinois Optometric Association
ADDRESS	304 West Washington Street
CITY, STATE ZIP	Springfield, IL 62701
TELEPHONE	217-525-8012
WEBSITE	www.ioaweb.org

Additional Notes: The only orals approved for optometrists to prescribe are non-narcotic oral analgesics.

INDIANA



PRESCRIBING PRIVILEGES	
TOPICALS	YES - provided the drugs are found in the legend drug formulary
ORALS	YES - provided the drugs are found in the legend drug formulary
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$200 Renewal Fee: \$100 every two years Legend drug certificate: \$20 application and renewal fee
LICENSE RENEWAL DATE	April 1st of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 Hours every two years
NEED PROOF OF PAPERS	YES - licensees must retain proof of completion of CE hours for four years after the last renewal date
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - written law exam
SCORES REQUIRED	75 or above
STATE ASSOCIATION	
NAME	Indiana Optometric Association
ADDRESS	201 North Illinois St, Ste 1920
CITY, STATE ZIP	Indianapolis, IN 46204
TELEPHONE	317-237-3560
WEBSITE	www.ioa.org

Additional Notes: To view the legend drug formulary, refer to the Indiana Optometry Statutes at www.in.gov/hpb/boards/iob/ or email hpb8@hpb.state.in.us

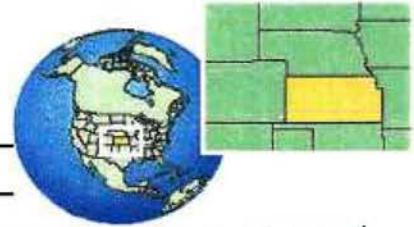
IOWA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$250 Renewal Fee: \$120 every two years
LICENSE RENEWAL DATE	July 1st of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	Nontherapeutic: 30 hours every two years Therapeutic: 50 hours every two years, 20 of which must be in the treatment and management of ocular disease
NEED PROOF OF PAPERS	Yes - CE report shall be sent to the board along with license renewal fees
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on all parts of the NBEO exam in effect at the time of licensure
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
STATE ASSOCIATION	
NAME	Iowa Optometric Association
ADDRESS	1454 30th Street, Suite 204
CITY, STATE ZIP	West Des Moines, IA 50266-1312
TELEPHONE	515-222-5679 or 1-800-444-1772
WEBSITE	www.iowaoptometry.org

Additional Notes: A licensee who regularly examines children or dependent adults must provide proof of completion of two hours in abuse identification and reporting in the previous five years.

KANSAS



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application/Examination Fee: \$150 License Fee: \$150 Renewal Fee: \$150 annually
LICENSE RENEWAL DATE	May 31st annually
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	24 Hours annually. These hours must include 5 hours in ocular pharmacology, therapeutics, or related topics, and 2 hours or less in practice management.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - written law exam and a practical portion consisting of a written portion and a hands-on clinical portion
SCORES REQUIRED	Passing scores
STATE ASSOCIATION	
NAME	Kansas Optometric Association
ADDRESS	1266 SW Topeka Blvd
CITY, STATE ZIP	Topeka, KS 66612
TELEPHONE	785-232-0225
WEBSITE	koa@kansasoptometric.org

Additional Notes: Those applying for a glaucoma license must provide proof of completion of a board approved course in glaucoma instruction, as well as proof of professional liability insurance in the amount of \$1,000,000. These glaucoma licensees may treat glaucoma provided the diagnosis is confirmed by an ophthalmologist, and any subsequent treatment shall be provided under a written co-management plan with the ophthalmologist of the patient's choice.

KENTUCKY



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - except controlled substances classified in Schedules I & II; prescriptions shall be limited to a quantity sufficient to provide treatment for up to 72 hours - no refills allowed
INJECTABLES	YES - to administer benadryl, epinephrine, or equivalent medications to counteract anaphylaxis
LICENSING REQUIREMENTS	
COST	application fee: \$500 for recent grads (less than 5 years) \$700 if practicing greater than 5 years Renewal Fee: \$200
LICENSE RENEWAL DATE	March 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	15 per year
TYPE REQUIRED	7 credit hours in ocular therapy and pharmacology; maximum of 2 hours for office management and administration; maximum of 2 hours through the Internet; minimum of 1 hour for HIV/AIDS every dicennial year
NEED PROOF OF PAPERS	YES - prior to December 31 of each year
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law
SCORES REQUIRED	passing score
STATE ASSOCIATION	
NAME	Kentucky Optometric Association
ADDRESS	PO Box 572
CITY, STATE ZIP	Frankfort, KY 40602
TELEPHONE	502-875-3516
WEBSITE	www.kyeyes.org

LOUISIANA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - antibiotics and antihistamines when used in treatment of disorders of the eye and it's adnexa
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$150 Renewal Fee: \$100
LICENSE RENEWAL DATE	March 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	16 per year
TYPE REQUIRED	8 credit hours related to ocular therapy and pharmacology
NEED PROOF OF PAPERS	YES - submitted prior to March 1 of each year
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - practical
SCORES REQUIRED	passing scores
STATE ASSOCIATION	
NAME	Louisiana State Association of Optometry
ADDRESS	115-B North 13th Street
CITY, STATE ZIP	Oakdale, LA 71463
TELEPHONE	318-335-0675
WEBSITE	LSAO@bellsouth.net

MAINE



PRESCRIBING PRIVILEGES	
TOPICALS	YES, except for glaucoma*
ORALS	YES, for any purpose associated with ocular conditions, except for the treatment of glaucoma: A. One 10-day supply of oral antibiotics; B. One 72-hour supply or oral antivirals with referral to a physician; C. One 72-hour supply of oral antihistamines; D. One 7-day supply or oral nonsteroidal anti-inflammatories; and E. one 3-day supply of any analgesic identified in schedules III, IV, and V as described in the United States Code, Title 21, Section 812.
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$200 Renewal Fee: \$200
LICENSE RENEWAL DATE	April 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	25 hours per year
TYPE REQUIRED	15 must be in diagnosis and treatment of ocular disease; maximum of 2 hours may be in practice management
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES
SCORES REQUIRED	passing score
STATE ASSOCIATION	
NAME	Maine Optometric Association, Inc.
ADDRESS	72 Western Ave
CITY, STATE ZIP	Augusta, ME 04330
TELEPHONE	207-626-9920
WEBSITE	nanmoa@aol.com

*graduates must provide evidence of 30 glaucoma related referrals/consultations with physicians

MARYLAND



PRESCRIBING PRIVILEGES	
TOPICALS	YES*
ORALS	YES, but only tetracycline and it's derivatives for the diagnosis and treatment of meibomianitis and seborrheic blepharitis
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$300 Biennial Renewal License Fee: \$500
LICENSE RENEWAL DATE	July 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	50 within the 2 year renewal process
TYPE REQUIRED	30 hours on the use and management of therapeutic pharmaceutical agents; 6 hours on the use of diagnostic pharmaceutical agents
NEED PROOF OF PAPERS	YES; the Board shall randomly audit 20% of renewal license applications
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES (Law exam-take home, open book); may be waived if O.D. is licensed in another state
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Maryland Optometric Association
ADDRESS	720 Light Street
CITY, STATE ZIP	Baltimore, MN 21230
TELEPHONE	410-727-7801
WEBSITE	www.marylandeyes.com

*must report any ADR to the administration of diagnostic pharmaceutical agents

MASSACHUSETTS



PRESCRIBING PRIVILEGES	
TOPICALS	YES - except for glaucoma
ORALS	NO
INJECTABLES	only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$145 Renewal Fee: \$57
LICENSE RENEWAL DATE	January 31 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	18 per year
TYPE REQUIRED	maximum of six hours may relate to cardiopulmonary resuscitation, child abuse recognition, infection control, practice management, office procedures, record keeping, legislation, or optometric statutes and regulations
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law
SCORES REQUIRED	passing scores
STATE ASSOCIATION	
NAME	Massachusetts Society of Optometry, Inc.
ADDRESS	1071 Worcester Road, #12
CITY, STATE ZIP	Framingham, MA 01701-5298
TELEPHONE	508-875-7900
WEBSITE	www.massoptom.org

*any adverse reaction to a diagnostic pharmaceutical agent must be reported to the Board

MICHIGAN



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - except Schedule I and II
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$160 Renewal Fee: \$160
LICENSE RENEWAL DATE	June 30 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	40 hours every 2 years
TYPE REQUIRED	20 must be related to pharmacological management of ocular conditions; maximum of 6 hours related to practice management; maximum of 12 hours related to self evaluation journal tests & multimedia education
NEED PROOF OF PAPERS	YES - a random audit will be performed
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	scaled score of 75 on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - practical
SCORES REQUIRED	75 on all parts
STATE ASSOCIATION	
NAME	Michigan Optometric Association
ADDRESS	530 West Ionia Street, Suite A
CITY, STATE ZIP	Lansing, MI 48933-1062
TELEPHONE	517-482-0616
WEBSITE	www.mioptassn.org

MINNESOTA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - antivirals for up to 10 days; CAI's for up to 7 days
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$75 Registration Fee: \$12 Fee for Certificate for topical drugs: \$50 Renewal Fee: \$105
LICENSE RENEWAL DATE	January 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	40 every 2 years
TYPE REQUIRED	max of 6 credit hours in practice management; max of 15 credit hours of home study*; max of 7 credit hours for volunteer work in underserved areas
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law
SCORES REQUIRED	65%
STATE ASSOCIATION	
NAME	Minnesota Optometric Association
ADDRESS	3601 Minnesota Drive, Suite 800
CITY, STATE ZIP	Minneapolis, MN 55435
TELEPHONE	952-841-1122
WEBSITE	www.mneyedocs.org

*home study: optometrists may use self instruction modalities presented in eye care periodicals, internet, audio and audiovisual taped programs, or other programs specifically designed for self-instruction

MISSISSIPPI



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Packet: \$15 Application Fee: Resident: \$200 Non-Resident: \$300
COST	Renewal Fee: \$400
LICENSE RENEWAL DATE	January 1 of every 2 years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	20 hours per year
TYPE REQUIRED	min of 10 credit hours for therapeutics; max of 4 credit hours via correspondence; max of 6 credit hours for local study groups (1 per meeting time); max of 4 credit hours for practice management; 1 hour granted for CPR recertification
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law, pharmacology
SCORES REQUIRED	70
STATE ASSOCIATION	
NAME	Mississippi Optometric Association, Inc.
ADDRESS	5420 I-55 North, Suite D
CITY, STATE ZIP	Jackson, MS 39211
TELEPHONE	601-956-7412
WEBSITE	N/A

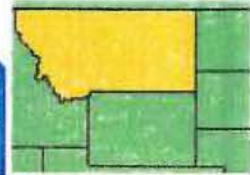
MISSOURI



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES*
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Fee: \$125 License Fee: \$100
COST	Renewal Fee: \$220 biennial
LICENSE RENEWAL DATE	November 1 of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	8 per year (September 1 - August 31)
TYPE REQUIRED	N/A
NEED PROOF OF PAPERS	YES - random audit - provide upon request
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law (open book) (\$50)
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Missouri Optometric Association, Inc.
ADDRESS	100 East High Street, Suite 301
CITY, STATE ZIP	Jefferson City, MO 65101-2960
TELEPHONE	573-635-6151
WEBSITE	www.moeyecare.org

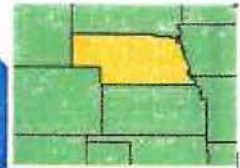
*oral analgesic agents (particularly controlled substances) may be used only for pain of which the etiology can be clearly demonstrated; ocular pain may not be treated with controlled substances over 48 hours without referral or consultation with a physician skilled in the treatment of the eye unless marked improvement in the underlying condition can be demonstrated

MONTANA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Fee by Examination: \$175 Application Fee if from Another State: \$300 Renewal Fee: \$125
COST	TPA Certification Fee: \$50
LICENSE RENEWAL DATE	July 2 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	36 hours every 2 years (July 1 - June 30)
TYPE REQUIRED	max of 4 credit hours of practicing management; max of 12 credit hours via correspondence or internet
NEED PROOF OF PAPERS	random audits - must be available upon request
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Montana Optometric Association, Inc.
ADDRESS	36 South Last Change Gulch, Suite A
CITY, STATE ZIP	Helena, MT 59601
TELEPHONE	406-443-1160
WEBSITE	www.mteyes.com

NEBRASKA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - no steroids; no orals to treat glaucoma; no Schedule I or II
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$300 Diagnostics Certification Fee: \$100 Therapeutics Certification Fee: \$100 Renewal Fee: \$300 biennially
LICENSE RENEWAL DATE	August 1 of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	16 per year
TYPE REQUIRED	max of 2 credit hours of self study; practice management NOT accepted subject material
NEED PROOF OF PAPERS	YES - random audit - provide upon request
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law, practical
SCORES REQUIRED	60%
STATE ASSOCIATION	
NAME	Nebraska Optometric Association, Inc.
ADDRESS	PO Box 81706
CITY, STATE ZIP	Lincoln, NE 68501-1706
TELEPHONE	402-474-7716
WEBSITE	www.noaonline.org

NEVADA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - no steroids to treat allergies; no orals to treat glaucoma; no analgesic of hydrocodone with compounds, codeine with compounds or propoxyphene with compounds unless performed CVE on patient and Rx for up 72 hours with no refill
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$25 - goes toward \$250 fee for state exam Renewal Fee: \$350
LICENSE RENEWAL DATE	March 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 per year
TYPE REQUIRED	15 credit hours must be TPA related; up to 5 credit hours may be practice management; courses taken via the internet, correspondence or video must be passed with 75% or higher
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	scores of 75 or higher on each section of part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law (\$250)
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Nevada Optometric Association, Inc.
ADDRESS	9101 West Sahara Ave #105/PMB172
CITY, STATE ZIP	Las Vegas, NV 89117-5772
TELEPHONE	702-220-7444
WEBSITE	www.nevadaoptometric.org

Licensed optometrists may treat glaucoma only if they successfully pass TMOD and have proof of treatment of 15 persons who were: a) diagnosed with glaucoma by an ophthalmologist licensed in the state and b) treated by the optometrist, in consultation with that ophthalmologist, for at least 1 year. Even with glaucoma certification, optometrists may NOT treat persons under 16 years of age, with malignant glaucoma, neovascular glaucoma, or acute closed angle glaucoma (may administer appropriate emergency treatment). The physician treating a person who has diabetic glaucoma must determine if the patient should be treated by an ophthalmologist.

NEW HAMPSHIRE



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES - for treatment of infection & inflammation (no steroids); no Schedule I or II
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$200 Renewal Fee: \$125
LICENSE RENEWAL DATE	July 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	50 per calendar year
TYPE REQUIRED	min of 10 credit hours in glaucoma - 7 shall be in Class I and 3 may be Class II; min of 20 credit hours overall must be Class I*
NEED PROOF OF PAPERS	YES - prior to April 1 of each year
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law exam (fee: \$100)
SCORES REQUIRED	75%
OTHER	passing score on the NERCOATS** clinical exam; current C CPR certification
STATE ASSOCIATION	
NAME	New Hampshire Optometric Association, Inc.
ADDRESS	767 Islington Street Suite B
CITY, STATE ZIP	Portsmouth, NH 03801
TELEPHONE	603-436-3717
WEBSITE	www.state.nh.us/optometry

*Class I credit hours shall be accumulated through participation in workshops, seminars, conferences, courses, minicourses and related facility based in services (courses in practice management are not considered Class I); Class II credit hours shall be earned through independent study documenting the course title, activity, dates of study, content of study and number of hours of Class II continuing education.

**New England Regional Clinical Optometric Assessment Testing Service

NEW JERSEY



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	YES - only for anaphylaxis
LICENSING REQUIREMENTS	
COST	Application Fee: \$125 Therapeutic Application Fee: \$125
INITIAL LICENSE	1st year of biennial renewal period: \$250 2nd year of a biennial renewal period: \$125
RENEWAL LICENSE	biennial renewal fee of an active certificate: \$250
INITIAL THERAPEUTIC LICENSE CERTIFICATION	1st year of biennial renewal period: \$210 2nd year of a biennial renewal period: \$105
THERAPEUTIC RENEWAL LICENSE RENEWAL DATE	biennial renewal fee of an active certificate: \$210 April 30 of the odd numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	50 every 2 years 25 credit hours must be TPA related, primarily devoted to diagnosis, treatment and management of ocular disease, ocular pathology or the ocular manifestation of systemic disease; max of 20 hours of self-study
TYPE REQUIRED	
NEED PROOF OF PAPERS	YES - random audit - provide upon request
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law
SCORES REQUIRED	passing score
STATE ASSOCIATION	
NAME	New Jersey Society of Optometric Physicians
ADDRESS	20 Texas Avenue
CITY, STATE ZIP	Lawrence, NJ 08648
TELEPHONE	609-671-0900
WEBSITE	www.eyecare.org

NEW MEXICO



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES* - but no steroids to treat inflammation
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$125 License Fee: \$175 Renewal Fee: \$225 Pharmaceutical Certificate Fee: \$35
LICENSE RENEWAL DATE	July 1 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	16 per year (July 2 through June 30)
TYPE REQUIRED	6 credit hours must be in ocular therapeutic pharmacology
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law, practical (\$400)
SCORES REQUIRED	75%
STATE ASSOCIATION	
NAME	New Mexico Optometric Association, Inc.
ADDRESS	PMB #241 (1008 Paseo Del Pueblo Sur)
CITY, STATE ZIP	Taos, NM 87571
TELEPHONE	505-751-7242
WEBSITE	N/A

*anti-infective medications, not including antifungals; anti-glaucoma medications, not including osmotic medications; anti-allergy medications; anti-inflammatory medications, not including oral corticosteroids and immunosuppression agents; analgesic medications, including Schedule III through V controlled substances

NEW YORK



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$345* Diagnostic Certification Fee: \$60 Renewal Fee: \$210 triennially
LICENSE RENEWAL DATE	the month prior to the licensee's birth month at the end of the triennial period
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	36 every 3 years
TYPE REQUIRED	education shall be in the areas of ocular disease and pharmacology- either didactic or clinical
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III**, including TMOD 75 is considered passing for the clinical exam - with not less than 65 in any section, not more than one section with a score of less than 75, and a score of 75 must be achieved in the sections of vision analysis and pathology
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - \$220
SCORES REQUIRED	passing score
STATE ASSOCIATION	
NAME	New York State Optometric Association, Inc.
ADDRESS	90 South Swan Street
CITY, STATE ZIP	Albany, NY 12210
TELEPHONE	1-800-231-9826
WEBSITE	www.nysoa.org

*All applicants for an optometric license must complete training regarding the identification and reporting of child abuse and mistreatment; they must also complete training in infection control and barrier protection, including the areas of HIV and HBV every 4 years

**the Northeast Regional Clinical Optometric Assessment Testing Service (NERCOATS) exam also fulfills exam requirements for licensure rather than part III)

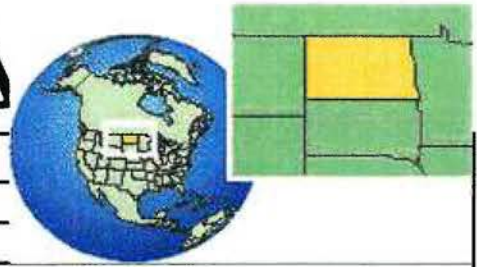
In the event an optometrist treats a patient with topical antiviral or steroidal drugs and the patient's condition either fails to improve or worsens within five days, the optometrist shall notify a physician designated by the patient or, if none, by the treating optometrist.

NORTH CAROLINA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$800 Renewal Fee: \$300
LICENSE RENEWAL DATE	November 15 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	20 per year
TYPE REQUIRED	min of 9 credit hours in the areas of ocular or general pharmacology, diagnosis and therapeutics, or advanced clinical procedures; max of 4 credit hours of self-study
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on Basic Science and Clinical Science Examinations of the National Board, with a score of not less than 75 on the Ocular Disease/Trauma component within the Clinical Science examination, and a score of not less than 75 on either the TMOD component within the Clinical Science examination, or on the equivalent stand-alone TMOD examination.
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law, practical (clinical)
SCORES REQUIRED	average of 75 with not less than 60 on any section
STATE ASSOCIATION	
NAME	North Carolina Optometric Association, Inc.
ADDRESS	Box 1206
CITY, STATE ZIP	Wilson, NC 27894-1206
TELEPHONE	252-237-6197
WEBSITE	www.nceyes.org

NORTH DAKOTA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
COST	Application Fee: \$175 Renewal Fee: \$150
LICENSE RENEWAL DATE	December 31
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	50 every 3 years
TYPE REQUIRED	only 12 may be in the area of practice management; only 10 may be by correspondence; at least 25 must be in the area of Therapeutic Treatment and Management of Eye Disease
NEED PROOF OF PAPERS	NO
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	passing scores on part I, II, and III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES - law
SCORES REQUIRED	passing score
STATE ASSOCIATION	
NAME	North Dakota Optometric Association, Inc.
ADDRESS	921 South 9th Street
CITY, STATE ZIP	Bismarck, ND 58504
TELEPHONE	701-258-6766
WEBSITE	www.ndeyecare.info

OHIO



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$135 Renewal Fee: \$110
LICENSE RENEWAL DATE	December 31st of every year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	15 hours per year
TYPE REQUIRED	Approved courses
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	Must complete a two hour course in Ohio Law
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Ohio Optometric Association
ADDRESS	77 S. High St., 16th Floor
CITY, STATE ZIP	Columbus, OH 43266-0318
TELEPHONE	(614)466-5115
WEBSITE	www.oaa.org

OKLAHOMA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
COST	Application Fee: \$150 Renewal Fee: \$150
LICENSE RENEWAL DATE	June 30th of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	18 hours per year
TYPE REQUIRED	Minimum of 5 Therapeutic Hours, minimum of 1 Judicious Prescribing hour, Max of 3 Practice Management hours, a max of 3 Correspondence hours, Proof of Current CPR card each year
NEED PROOF OF PAPERS	YES
REPORTING REQUIREMENTS	
NEGLECT/ABUSE	The Optometry Act and board rules for the Board of Examiners in Optometry do not specifically address a requirement for reporting abuses or neglect. The Code of Ethics does provide safeguards so that the best interests of the patient is to be maintained at all times.
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES-Must pass all seven tests which comprise the Oklahoma State Board Exams, also must take the "Laser Therapy for the Anterior Segment" course offered at the Northeastern State University College of Optometry, or approved equivalent course approved by the Board
SCORES REQUIRED	Passing Score
STATE ASSOCIATION	
NAME	Oklahoma Association of Optometric Physicians
ADDRESS	6912 E. Reno, Suite 302
CITY, STATE ZIP	Midwest City, Oklahoma 73110
TELEPHONE	405-524-1075
WEBSITE	www.oaop.com

OREGON



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
	Application Fee: \$150
COST	Renewal Fee: \$240
LICENSE RENEWAL DATE	1st day of licensee's birth month
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	18 hours per year
TYPE REQUIRED	Min of 9 hours must be in area of diagnosis, treatment, and management of ocular disease.
NEED PROOF OF PAPERS	YES- Must Submit to Board
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES- Must pass a written examination relating to Oregon optometric law and administrative rules
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Oregon Optometric Physicians Association
ADDRESS	3218 Pringle Road SE, Suite 270
CITY, STATE ZIP	Salem, OR 97302-6306
TELEPHONE	503/373-7721 X23
WEBSITE	www.oregonoptometry.org

PENNSYLVANIA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$50
	Certification for therapeutics: \$25
	Renewal Fee: \$135 Biennial
LICENSE RENEWAL DATE	November 30 of every even numbered year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 hours every two years
TYPE REQUIRED	6 hours shall concern the prescription and administration of pharmaceutical agents for therapeutic use
NEED PROOF OF PAPERS	YES, and must be retained for 6 years
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Pennsylvania Optometric Assn., Inc.
ADDRESS	P.O. Box 3312
CITY, STATE ZIP	Harrisburg, PA 17105
TELEPHONE	717-233-6455
WEBSITE	www.poaeyes.org

RHODE ISLAND



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$50 Renewal Fee: \$125
LICENSE RENEWAL DATE	January 31st of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	60 hours every 3 years
TYPE REQUIRED	Required 30 or more hours in pharmacology for the treatment and management of ocular conditions every three years Max of 12 hours in home study courses every three years Max of 12 hours in practice management courses every three years Max of 6 hours in lectures to professional groups every three years One hour credit for each publication of a paper in any medical or regional journal up to a max of 6 hours every three years.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
SCORES REQUIRED	NA
STATE ASSOCIATION	
NAME	Rhode Island Optometric Assn.
ADDRESS	P.O. Box 438
CITY, STATE ZIP	Greenville, RI 02828
TELEPHONE	401-949-0433
WEBSITE	www.rioa.org

SOUTH CAROLINA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$400 Renewal Fee: \$90
LICENSE RENEWAL DATE	October 1 of every year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	20 hours per year
TYPE REQUIRED	8 of the hours must be pharmacology or pathology related
NEED PROOF OF PAPERS	Yes, collected at time of license renewal
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, South Carolina Examination in Optometry* & Jurisprudence Exam
SCORES REQUIRED	Passing
STATE ASSOCIATION	
NAME	South Carolina Opt. Assn., Inc.
ADDRESS	2730 Devine Street
CITY, STATE ZIP	Columbia, SC 29205
TELEPHONE	803-799-6721
WEBSITE	www.sc-eyecare.org

*Areas to be tested by the South Carolina Examination in Optometry will include, but will not be limited to pathology, pharmacology, contact lenses, visual fields, ophthalmic mechanics, and South Carolina Law governing Optometry. A copy of the Practice Act and Rules and other informational material will accompany the Application for Examination and Licensure. Testing methods may include written questions, orals, slides, or any other aspect needed

SOUTH DAKOTA



PRESCRIBING PRIVILEGES	
TOPICALS	YES, must consult an ophthalmologist before treating glaucoma
ORALS	YES, but not to children under 12
	Must consult a physician to prescribe a oral steroid
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$125 Renewal Fee: \$175 One time Certificate fee: \$35
LICENSE RENEWAL DATE	September 30 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	36 hours every three years
TYPE REQUIRED	5 hours related to ocular disease
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, state law exam
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	South Dakota Optometric Society
ADDRESS	Box 1173
CITY, STATE ZIP	Pierre, SD 57501
TELEPHONE	605-224-8199
WEBSITE	N/A

TENNESSEE



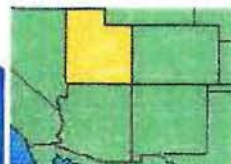
PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
COST	Application Fee: \$200 Renewal Fee: \$230 every two years
LICENSE RENEWAL DATE	Last day of the month in which a licensee's birth date falls
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 hours every two years
TYPE REQUIRED	A minimum of 20 hours are required in diagnosis, treatment, and/or use of pharmaceutical agents
NEED PROOF OF PAPERS	YES, and must be retained for a period of 4 years
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Tennessee Optometric Assn., Inc.
ADDRESS	2727 Branford Avenue
CITY, STATE ZIP	Nashville, TN 37204
TELEPHONE	615-269-9092
WEBSITE	www.toaonline.org

TEXAS



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES, for anaphylaxis
LICENSING REQUIREMENTS	
	Application Fee: \$150 Therapeutic Optometrist Certification: \$80 Renewal Fee: \$376 active renewal COST \$176 inactive renewal
LICENSE RENEWAL DATE	December 31 of each year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	16 hours per year w/ max of 8 hours online
TYPE REQUIRED	6 must be in treatment of ocular disease
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, Texas Jurisprudence Examination
SCORES REQUIRED	Score of 70
STATE ASSOCIATION	
NAME	Texas Optometric Ass., Inc.
ADDRESS	333 Guadalupe Suite 2-420
CITY, STATE ZIP	Austin, TX 78701
TELEPHONE	512-305-8500
WEBSITE	www.texas.optometry.net

UTAH



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES, with the exemption of Schedule II controlled substance Schedule III must be for pain of eye or adnexa and not exceed 72 hours
INJECTABLES	YES
LICENSING REQUIREMENTS	
COST	Application Fee: \$230 total \$140 License, \$90 for Controlled Substance License Renewal Fee: \$93
LICENSE RENEWAL DATE	Sept 30 of every even year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 hours every two years
TYPE REQUIRED	2 max of CPR or Basic Life Skills
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, Utah Optometry Law Examination - Take Home Utah Controlled Substance Law Examination
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Utah Optometric Association
ADDRESS	230 W. 200 South, Ste. 2110
CITY, STATE ZIP	Salt Lake City, UT 84101-3409
TELEPHONE	801-364-9103
WEBSITE	www.utaheyedoc.org

VERMONT



PRESCRIBING PRIVILEGES	
TOPICALS	YES, but not for Glaucoma or Inflammation
ORALS	NO
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$ 95 Renewal Fee: \$350 every two years
LICENSE RENEWAL DATE	August 1st of even numbered years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	40 hours per year
TYPE REQUIRED	20 hours must be related to the use of therapeutic drugs and treatment of ocular disease.
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Vermont Optometric Association
ADDRESS	26 Terrace Street, Drawer 09
CITY, STATE ZIP	Montpelier, VT 05609-1106
TELEPHONE	1-802-828-1134
WEBSITE	N/A

VIRGINIA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES for Glaucoma and Pain Management
INJECTABLES	YES, for anaphylaxis
LICENSING REQUIREMENTS	
	Application Fee: \$245 Renewal Fee: \$150 every year
COST	Endorsement for Diagnostic Pharmaceuticals-\$100
LICENSE RENEWAL DATE	December 31 of every year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	16 hours per year
TYPE REQUIRED	14 of these hours shall pertain directly to care of patient
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	NO
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Virginia Optometric Association
ADDRESS	118 North Eighth Street
CITY, STATE ZIP	Richmond, VA 23219-2305
TELEPHONE	(804)662-7092
WEBSITE	N/A

WASHINGTON



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES, anaphylaxis only
LICENSING REQUIREMENTS	
COST	Application Fee: \$125 Renewal Fee: \$100
LICENSE RENEWAL DATE	Annually on their birth anniversary date
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	Fifty hours every two years
TYPE REQUIRED	No specific requirements
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, a jurisprudence questionnaire
SCORES REQUIRED	N/A
STATE ASSOCIATION	
NAME	Optometric Physicians of Washington
ADDRESS	PO Box 47870
CITY, STATE ZIP	Olympia, WA 98501-7870
TELEPHONE	425-455-0874
WEBSITE	www.doh.wa.gov/optometry

WEST VIRGINIA



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	NO
LICENSING REQUIREMENTS	
	Application Fee: \$300
COST	Renewal Fee: \$550 biennial
LICENSE RENEWAL DATE	31st of July every other year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	40 hours every two years
TYPE REQUIRED	12 hours min of pharm. Therapeutics 6 hours max of practice management 10 hours max via correspondence or internet
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	West Virginia Optometric Assn., Inc.
ADDRESS	815 Quarrier Street, Ste. 345
CITY, STATE ZIP	Charleston, WV 25302-2616
TELEPHONE	304-345-4710
WEBSITE	www.wvoa.com

WISCONSIN



PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES
INJECTABLES	YES
LICENSING REQUIREMENTS	
	Application Fee \$110
COST	Renewal Fee: \$65
LICENSE RENEWAL DATE	December 31st of odd number years
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 hours per year
	7 hours in diagnosis and management of Glaucoma
	2 hours must relate to the responsible use of controlled substances
TYPE REQUIRED	1 hour relating to new drugs used for ophthalmic diagnostic purposes
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, Wisconsin written exam
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Wisconsin Optometric Assn., Inc.
ADDRESS	5721 Odana Road, Ste. 110
CITY, STATE ZIP	Madison, WI 53719
TELEPHONE	608-274-4322
WEBSITE	www.woa-eyes.org

WYOMING

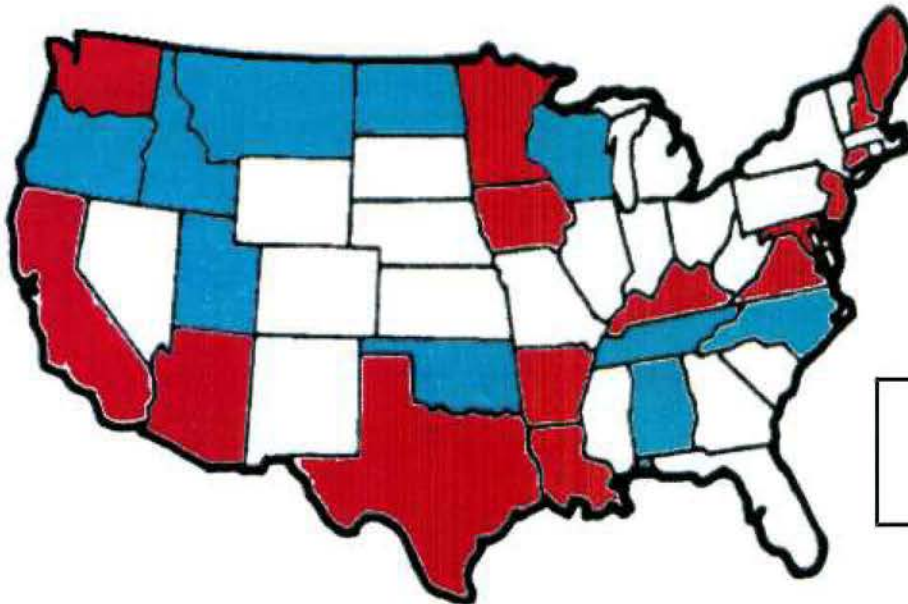


PRESCRIBING PRIVILEGES	
TOPICALS	YES
ORALS	YES- Excluding: immunosuppressives, steroids, anti-fungals, sedative-hypnotics, and schedule I and II narcotics
INJECTABLES	NO
LICENSING REQUIREMENTS	
COST	Application Fee: \$200 Renewal Fee: \$150
LICENSE RENEWAL DATE	March 31st of every year
CONTINUING EDUCATION REQUIREMENTS	
NUMBER OF HOURS	30 hours every two years
TYPE REQUIRED	At least 10 or the 30 hours must be in Ocular Systemic Therapeutics Maximum of four (4) hours in Practice Management A maximum of four (4) hours via the Internet
NEED PROOF OF PAPERS	YES
NATIONAL BOARD EXAM REQUIREMENTS	
SCORES REQUIRED	Passing scores on Part I, II, III, including TMOD
STATE BOARD EXAM REQUIREMENTS	
STATE EXAM REQUIRED	YES, The state examination will be on contact lenses, disease/pathology, case histories, and a jurisprudence examination
SCORES REQUIRED	75
STATE ASSOCIATION	
NAME	Wyoming Optometric Association
ADDRESS	P.O. Box 3050
CITY, STATE ZIP	Cheyenne, WY 82003
TELEPHONE	www.Wyoming.Optometry.net
WEBSITE	307-632-8819

SUMMARY OF LEGEND DRUG PRESCRIPTIVE AUTHORITY FOR OPTOMETRISTS

STATE	Medications Used To Treat ALLERGIES	Medications Used To Treat INFECTIONS	Medications Used To Treat GLAUCOMA	Medications Used To Treat INFLAMMATION	Medications Used To Treat PAIN (oral)
Alabama	T-O	T-O	T-O	T-O	O
Alaska	T	T	T	T	
Arizona	T-O	T-O	T	T-O*	O
Arkansas	T-O	T-O	T-O	T-O	O
California	T-O	T-O	T	T-O*	O
Colorado	T-O	T-O	T-O	T-O*	O
Connecticut	T-O	T-O	T-O	T-O	O
Delaware	T-O	T-O	T-O	T	O**
D.C.	T-O	T-O	T-O	T-O*	O
Florida	T	T	T	T	
Georgia	T	T	T	T	O
Guam	T-O	T-O	T-O	T-O	O
Hawaii	T	T		T*	
Idaho	T-O	T-O	T-O	T-O	O
Illinois	T	T	T	T	O**
Indiana	T-O	T-O	T-O	T-O*	O**
Iowa	T-O	T-O	T-O	T	O
Kansas	T-O	T-O	T-O	T-O	O
Kentucky	T-O	T-O	T-O	T-O	O
Louisiana	T-O	T-O	T	T	
Maine	T-O	T-O	T	T-O*	O
Maryland	T	T-O	T	T*	
Massachusetts	T	T		T	
Michigan	T	T	T	T	
Minnesota	T	T	T	T	
Mississippi	T	T	T	T	
Missouri	T-O	T-O	T-O	T-O	O
Montana	T-O	T-O	T-O	T-O	O
Nebraska	T-O	T-O	T-O	T	O
Nevada	T-O	T-O	T-O	T	O
New Hampshire	T	T-O		T-O*	O
New Jersey	T	T	T	T	
New Mexico	T-O	T-O	T-O	T-O*	O
New York	T	T	T	T	
North Carolina	T-O	T-O	T-O	T-O	O
North Dakota	T-O	T-O	T-O	T-O	O
Ohio	T-O	T-O	T-O	T	
Oklahoma	T-O	T-O	T-O	T-O	O
Oregon	T	T	T	T	

INJECTABLES



blue: allows injectables
 red: injectables only for anaphylaxis

STATE	ANAPHYLAXIS ONLY	ANAPHYLAXIS PLUS OTHER INJECTABLES
ALABAMA		X ¹
ARIZONA	X	
ARKANSAS	X ²	
CALIFORNIA	X	
CONNECTICUT	X	
DISTRICT OF COLUMBIA	X ²	
IDAHO		X
IOWA	X	
KENTUCKY	X ²	
LOUISIANA	X	
MAINE	X	
MARYLAND	X	
MINNESOTA	X	
MONTANA		X
NEW HAMPSHIRE	X	
NEW JERSEY	X	
NORTH CAROLINA		X
NORTH DAKOTA		X
OREGON		X ³
OKLAHOMA		X
TENNESSEE		X
TEXAS	X	
UTAH		X
VIRGINIA	X	
WASHINGTON	X	
WISCONSIN		X
TOTAL	16	10

Key:

- 1 Injections into the eyeball are prohibited.
- 2 Other injectable medications may be permitted beyond epinephrine, benedryl, or other drug to counteract anaphylaxis
- 3 Emergency medications may be administered as well as subcutaneous and subconjunctival injections. Sub-Tenon, retrobulbar, intraocular, and botulinum toxin injections are excluded.

Source: Reproduced from a table issued by the AOA (May 19, 2003)

Best Places to Practice - Rankings by State

Overall Rank	State	OD Income Rank	Cost of Living Rank	Prescriptive Authority Value	OD Employment Growth Rank	OD's/100K Population Rank	Health Care Employment Concentration Rank	Family Environment Rank	Climate Index Rank	Panelists Picks	Overall Score
1	North Carolina	9	20	6.5	35	14	39	37	15	2	19.72
2	Florida	6	23	46.0	17	16	20	47	3	1	19.89
3	Texas	4	3	31.5	37	8	36	40	4	18	20.17
4	Kentucky	49	5	6.5	2	18	24	36	28	14	20.28
5	South Carolina	11	24	24.0	10	7	49	43	10	7	20.56
6	Oklahoma	28	6	6.5	19	45	32	41	9	5	21.28
7	Arizona	29	26	31.5	6	9	40	50	1	4	21.83
8	Arkansas	1	1	6.5	44	22	26	38	12	47	21.94
9	Indiana	7	9	31.5	8	38	19	28	32	26	22.06
10	Maryland	21	14	51.0	13	6	16	24	21	37	22.56
11	Georgia	33	8	38.5	11	5	47	42	14	8	22.94
12	Iowa	27	13	6.5	32	39	28	3	33	25	22.94
13	Tennessee	10	2	6.5	46	35	33	48	16	12	23.17
14	Missouri	20	18	6.5	40	24	22	31	22	27	23.39
15	Connecticut	30	45	16.5	24	30	5	8	36	22	24.06
16	Idaho	47	16	6.5	4	33	30	23	26	33	24.28
17	Kansas	23	15	16.5	30	43	35	16	13	28	24.39
18	Virginia	44	35	38.5	5	11	43	14	19	11	24.50
19	Nebraska	14	11	24.0	39	41	13	9	25	45	24.56
20	Louisiana	5	27	38.5	27	1	31	46	6	44	25.06
21	West Virginia	48	7	16.5	45	27	8	22	31	21	25.06
22	Pennsylvania	36	29	38.5	16	37	1	18	35	17	25.28
23	Minnesota	22	38	24.0	26	17	10	6	47	38	25.33
24	California	25	48	31.5	7	29	41	39	5	3	25.39
25	Nevada	15	39	24.0	9	4	50	51	17	20	25.44
26	South Dakota	3	28	16.5	N/A	49	12	12	34	50	25.56
27	Alabama	46	12	6.5	20	13	38	45	7	43	25.61
28	Wisconsin	34	19	6.5	38	25	23	10	43	32	25.61
29	Ohio	13	22	38.5	31	28	14	27	39	19	25.72
30	New Mexico	17	37	24.0	42	20	25	44	8	15	25.78
31	Utah	38	17	16.5	N/A	10	37	29	18	42	25.94
32	Washington	18	32	31.5	1	32	34	32	46	9	26.17
33	Massachusetts	12	46	49.0	12	44	2	15	30	29	26.56
34	New Jersey	31	50	43.0	21	19	3	5	27	40	26.56
35	Michigan	26	25	16.5	22	15	29	33	48	30	27.17
36	New York	40	44	46.0	18	12	11	17	41	16	27.22
37	Colorado	32	36	16.5	28	34	44	35	20	6	27.94
38	New Hampshire	45	43	31.5	15	23	18	4	42	31	28.08
39	Maine	39	33	31.5	25	42	7	2	40	34	28.17
40	Delaware	50	30	31.5	N/A	3	15	25	23	48	28.19
41	Vermont	19	40	49.0	23	21	9	1	49	46	28.56
42	North Dakota	35	4	16.5	43	51	6	11	44	49	28.83
43	Hawaii	8	51	49.0	29	47	45	21	2	10	29.11
44	Mississippi	16	10	43.0	34	2	46	49	11	51	29.11
45	Montana	51	21	6.5	14	50	17	19	45	39	29.17
46	Alaska	2	47	43.0	3	31	48	34	50	23	31.22
47	Rhode Island	24	42	46.0	36	46	4	13	29	41	31.22
48	Illinois	37	31	38.5	33	36	21	26	37	24	31.50
49	Washington, D.C.	42	49	24.0	N/A	26	27	20	N/A	36	32.00
50	Oregon	41	41	6.5	41	40	42	30	38	13	32.50
51	Wyoming	43	34	24.0	N/A	48	51	7	24	35	33.25

LICENSING INFORMATION

STATE	PHONE #
Alabama	256-538-9903
Alaska	907-465-2580
Arizona	602-542-3095
Arkansas	501-268-4351
California	916-323-8720
Colorado	303-894-7753
Connecticut	860-509-7648
Delaware	302-739-4522
District of Columbia	202-789-1512
Florida	850-245-4355
Georgia	478-207-1693
Hawaii	808-586-2696
Idaho	208-334-3233
Illinois	217-935-9451
Indiana	317-233-4407
Iowa	515-242-5936
Kansas	785-832-9986
Kentucky	859-246-2744
Louisiana	318-335-2989
Maine	207-624-8691
Maryland	410-764-4725
Massachusetts	617-727-3093
Michigan	517-335-0918
Minnesota	612-617-2173
Mississippi	601-853-4338

STATE	PHONE #
Missouri	573-751-0814
Montana	406-841-2395
Nebraska	402-471-4915
Nevada	702-883-8367
New Hampshire	603-271-2428
New Jersey	973-504-6440
New Mexico	505-476-7121
New York	518-474-4526
North Carolina	910-285-3160
North Dakota	701-483-9141
Ohio	614-466-5115
Oklahoma	405-733-7836
Oregon	503-373-7721
Pennsylvania	717-783-7134
Rhode Island	401-222-2827
South Carolina	803-896-4652
South Dakota	605-347-2136
Tennessee	888-310-4650 ext 25157
Texas	512-305-8502
Utah	801-530-6621
Vermont	802-828-2373
Virginia	804-662-9910
Washington	360-236-4947
West Virginia	304-627-2106
Wisconsin	608-267-7223
Wyoming	307-777-3507

WEBSITE FOR STATE BOARDS OF OPTOMETRY:
<http://www.arbo.org/arbo.asp?doc=DirectoryOfBoards>

