REQUIREMENTS & INSTRUCTIONS FOR FILING AN APPLICATION FOR AN OPTOMETRY TPA CERTIFICATION

This form can also be obtained online at: **cca.hawaii.gov/pvl**

EACH APPLICANT IS REQUIRED TO MEET THE EDUCATION, EXAMINATION AND EXPERIENCE REQUIREMENTS ACCORDING TO HAWAII LAWS AND RULES. AN INCOMPLETE APPLICATION WILL DELAY PROCESSING. REQUIREMENTS ARE SUBJECT TO CHANGE AS A RESULT OF NEW LAWS OR RULES, OR NEW POLICIES AND PROCEDURES ADOPTED BY THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS IN COOPERATION WITH THE BOARD OF EXAMINERS IN OPTOMETRY ("BOARD"). ALL APPLICANTS MUST MEET CURRENT REQUIREMENTS.

Please note: All applicants for therapeutic pharmaceutical agent (TPA) certification must have a current, unencumbered license as an optometrist in this State. You may obtain an application for the Hawaii optometrist license from the Board's website at: **cca.hawaii.gov/pvl**.

APPLICATION FORM (OD-06)

Complete the on-line fillable application form or print ***LEGIBLY*** in black ink and sign the application. **Attach** requested supporting documents and required $42.00 fee.

Failure to provide all the requested information will delay the processing of your application.

EDUCATION

All applicants must have completed a 100 hour board-approved course in the treatment and management of ocular diseases.

If you graduated from an approved optometric school after January 1, 1997, you may satisfy this requirement by having your school submit written verification that you completed at least 100 hours of education in the treatment and management of ocular diseases.

EXAMINATION

All applicants must have passed the National Board of Examiners in Optometry (NBEO) Treatment and Management of Ocular Disease (TMOD) Exam, or the NBEO Part II (Clinical Science) examination after January 1, 1993.

EXPERIENCE

All applicants must have completed at least **100** hours of preceptorship under the supervision of a **licensed** ophthalmologist. Preceptorship hours may be earned under the supervision of more than one ophthalmologist. **Preceptorship hours must be earned after July 2, 1997**.

FEES

$42.00 non-refundable application fee.

BUSINESS ADDRESS

Pursuant to Section 16-92-3, Hawaii Administrative Rules, you are required to file your business address with the board and notify the board in writing of any and all changes within 30 days of the change.

DOCUMENTS REQUIRED

1) Proof of Education: **Submit** the following:

- Certificate of attendance indicating completion of a **100-hour** course in the treatment and management of ocular diseases approved by the Hawaii Board of Examiners in Optometry;

  OR

- If you graduated from an accredited optometric college, school, or university after January 1, 1997, an original letter from the optometric college, school, or university verifying that you satisfactorily completed at least 100 hours of education in the treatment and management of ocular diseases may satisfy the course requirement by submitting written verification.

(CONTINUED ON PAGE 2)

2) Proof of Examination: Contact the NBEO to request an official score report sent directly to the Board.

National Board of Examiners in Optometry
200 S. College Street, #2010
Charlotte, NC 28202

Phone: 800-969-EXAM
Website: http://www.optometry.org/
Email: nbeo@optometry.org

3) Proof of Experience: **Submit** the following:

Original completed "Verification of Preceptorship Hours" (OD-07) form completed by each supervising **licensed** ophthalmologist certifying completion of hours of hands-on experience and the competency of the optometrist to prescribe, dispense, and administer therapeutic pharmaceutical agents. The preceptorship hours shall have included training in the diagnosis, treatment, and management of ocular disease.

4) **Submit** the non-refundable $42.00 application fee.
Make check payable to: *COMMERCE & CONSUMER AFFAIRS* (check must be in U.S. dollars and be from a U.S. financial institution).

INSTRUCTIONS FOR "YES" ANSWERS TO QUESTIONS (5) THROUGH (7) OF THE APPLICATION (OD-06)

A. The following documentation must be submitted with the application. Applications will not be considered without this material.

1) Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions , read paragraph "B" below, **AND** you must **submit** the following:

i. A statement signed by you explaining the circumstances; and

ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents.

2) If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:

i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended; and

ii. A copy of the court order, verdict, and terms of sentence; and

iii. A **current** criminal history record check in your name from the state where the conviction occurred **and** the state where you currently reside if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 456 S. King Street, Room 102, Honolulu, HI 96813. Ph: (808) 587-3279 or visit their website at: **ag.hawaii.gov/hcjdc**. For other states/jurisdictions, contact the local authority or Board for their forms, instructions and fees on obtaining a criminal history record check; and

iv. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders.

B. If you answered "YES" to any of the questions (5) through (7), your application may be reviewed at a Board of Examiners in Optometry meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

(CONTINUED ON PAGE 3)

SUBMITTING APPLICATION

Mail to:

Board of Examiners in Optometry
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to Office Location:

335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:

Kauai:	274-3141 ext. 6-3000	Molokai:	1-800-468-4644 ext. 6-3000
Maui:	984-2400 ext. 6-3000	Lanai:	1-800-468-4644 ext. 6-3000
Hawaii:	974-4000 ext. 6-3000		

ABANDONED APPLICATIONS

Pursuant to HRS section 436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

BIENNIAL RENEWAL

The TPA Certification becomes a part of your Hawaii license, which expires on December 31 of each odd-numbered year. To renew your license, you will be required to submit 36 hours of board approved continuing education in the diagnosis, treatment, and management of ocular and systemic diseases.

LAWS & RULES PUBLICATION

To obtain a copy of the board's statutes (Chapter 459, Hawaii Revised Statutes) and rules (Chapter 92, Hawaii Administrative Rules), send a written request to: *Board of Examiners in Optometry, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 459 and 92. You are responsible for knowing and understanding the statutes and rules and any amendments made to them throughout your career.

RELEASE OF INFORMATION

If you have any individual(s) assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion of **Release of Information to Third Party**, sign and date it.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR THERAPEUTIC PHARMACEUTICAL AGENT CERTIFICATION - OPTOMETRIST

Access this form via website at: **cca.hawaii.gov/pvl**

Read "Requirements & Instructions" before completing this form.

Legal Name of Applicant (First, Middle):	(Last):
Other Names Used (including maiden name):	
Residence Address (include apt. no., city, state & zip code):	
Mailing Address (ONLY if different from residence):	
Business Address (include apt. no., city, state and zip code):	

FOR BOARD USE ONLY

Initials/Date:

☐ Approved

Date TPA Effective:

☐ $42.00

☐ Hawaii OD Lic **OD -** _____

☐ 100 Hour Course

☐ 100 Hour Preceptorship earned after 7/22/97

☐ TMOD Exam or

☐ NBEO Part II after January 1, 1993

Social Security Number:	Date of Birth:	Phone No. (residence):	Phone No. (business):

Check your answers. If response is "YES" to questions 5 to 7, refer to the instructions for additional documents that must be submitted with this application.

1. Do you have a current unencumbered Hawaii Optometrist license? ..... ☐YES ☐NO

   Lic. No.: _____ Exp. Date: _____

2. Did you successfully complete a 100-hour board approved course in the treatment and management of ocular diseases prepared and graded by an accredited School of Optometry? ..... ☐YES ☐NO

3. Have you passed the NBEO TMOD examination (or passed the NBEO Part II examination after January 1, 1993)? ..... ☐YES ☐NO

4. Did you acquire 100 hours of preceptorship under the supervision of a licensed ophthalmologist after July 2, 1997? ..... ☐YES ☐NO

5. Has any license ever been revoked, suspended or otherwise subject to disciplinary action? ..... ☐YES ☐NO

6. Are there any disciplinary actions pending against you? ..... ☐YES ☐NO

7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐YES ☐NO

(CONTINUED ON PAGE 2)

Appl ..... 454 ..... $42
Service Charge ..... BCF $25

Print Name of TPA Applicant: _____ Date: _____

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 459-9, Hawaii Revised Statutes.) I further certify that I have read and will abide by the laws and rules concerning optometry in the State of Hawaii.

_____ _____

Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Board of Optometry and staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

_____ _____

Signature of Applicant Date

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VERIFICATION OF PRECEPTORSHIP HOURS

Access this form via website at: **cca.hawaii.gov/pvl**

PART I. TO BE COMPLETED BY APPLICANT

A. Complete information in Part I only.
B. Give form to person who will be certifying your preceptorship hours.
C. Attach completed form to your application before it is submitted.

Applicant's Name (First-Middle-Last):	Optometry License No.:

PART II. TO BE COMPLETED BY LICENSED OPHTHALMOLOGIST

A. Complete information in Part II only.
B. After completing form, return to the applicant.

Name (First-Middle-Last):		Dates of Preceptorship:
Current Business Address:		Location of Preceptorship (Business Name & Full Business Address):
Business Phone No.:	Email Address:	

By my signature below, I certify that the above-named optometrist has completed _____ preceptorship hours of hands-on experience and training in the diagnosis, treatment, and management of ocular disease, and is competent to prescribe, dispense, and administer therapeutic pharmaceutical agents.

_____ License Number

_____ Signature

_____ State of Licensure

_____ Date

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