

**BOARD OF OPTOMETRY
BOARD MEETING
JANUARY 21, 2005**

TIME AND PLACE: The meeting was called to order at 12:30 a.m. on Friday, January 21, 2005 at the Department of Health Professions, Conference Room 3, 6603 W. Broad St., Richmond, VA.

PRESIDING OFFICER: David H. Hettler, O.D, President

MEMBERS PRESENT: Martha Gilbert
Gregory P. Jellenek, O.D.
W. Ernest Schlabach, Jr., O.D.
William T. Tillar, O.D.

MEMBERS NOT PRESENT: Paula H. Boone, O.D.

STAFF PRESENT: Emily Wingfield, Assistant Attorney General, Board Counsel
Elizabeth A. Carter, Ph.D., Executive Director for the Board
Elaine Yeatts, Senior Regulatory Analyst
Carol Stamey, Administrative Assistant

OTHERS PRESENT: Cal Whitehead, Whitehead Consulting, Richmond, VA
Bill Ferguson, Board for Opticians
Betty Graumlich, NAOO

QUORUM: With five members of the Board present, a quorum was established.

PUBLIC COMMENT: No public comment was presented.

REVIEW AND APPROVAL OF AGENDA: The agenda was revised to include the following items: adoption of proposed regulations under Review of Legislation, report on CELMO under Committee Reports and the addition of requests for CE extension.

APPROVAL OF MINUTES: ◆Action, On properly seconded motion by Dr. Tillar, the Board voted unanimously to approve the minutes of the December 7, 2004 meeting.

REVIEW OF LEGISLATION: **Legislation**
Ms. Yeatts presented a summary of the 2005 legislation. The legislation is incorporated into the minutes as Attachment 1.

Adoption of Proposed Regulations
Ms. Yeatts provided an overview of the emergency and proposed regulations. She explained that the amendments to the TPA formulary and treatment guidelines were adopted

through a process that allowed an exemption from the APA in Chapter 32 and in effect. In addition, the Board was required to adopt emergency regulations to amend Chapter 20 that required all optometrists to be TPA certified for licensure. Ms. Yeatts further explained that the proposed regulations for adoption were replacing the emergency regulations, amending Chapter 20. The proposed regulations merged the requirements for TPA certification for licensure, revision in fees and continuing education from Chapter 30 of the TPA regulations into Chapter 20.

◆ Action

On properly seconded motion by Dr. Tillar, the board voted unanimously to adopt the proposed regulations for submission to Planning and Budget.

BOARD DISCUSSION:

Guidance Document on Prescribing

Dr. Hettler reported that the regulations did not contain guidelines on the topics of practitioner/patient relationship, self-treatment and treatment of family. A guidance document was requested and presented by Ms. Wingfield. The guidance document is incorporated into the minutes as Attachment 2.

◆ Action

On properly seconded motion by Dr. Schlabach, the board voted unanimously to approve the proposed guidance document as presented by Ms. Wingfield.

Ms. Yeatts suggested that the board develop a NOIRA to amend its unprofessional conduct section of the regulations. The matter was referred to the Legislative/Regulatory Review Committee.

COMMITTEE REPORTS:

Newsletter

Dr. Schlabach reported that he would be forwarding articles for the newsletter next week. The subject matter for the articles included mandatory reporting, ARBO, continuing education, TPA regulations, website, e-mail addresses and case adjudication. Ms. Carter reported that a mini-newsletter could be one page and to be disseminated by the end of the month or the format could be a traditional multi-page version that could be posted on the website and transmitted electronically via e-mail.

CELMO Report

Dr. Schlabach reported that CELMO is a credentialing mechanism that ARBO established to provide optometric

licensure mobility across state lines. CELMO reviews and credentials licensees upon their submission of eligibility documentation. Dr. Schlabach reported that he had been requested to develop model language for portability to be presented at the next SECO meeting. Dr. Carter noted that she will be conferring with Tom Eichort, Executive Director for ARBO, prior to board consideration and adoption of CELMO. The document is incorporated into the minutes as Attachment 3.

PRESIDENT'S REPORT:

Welcome of New Board Member

Dr. Hettler welcomed its newest board member, Martha N. Gilbert, Citizen Member.

Board of Health Professions Report

Dr. Hettler presented a brief summary of the Board of Health Professions activities. Specifically, he informed the board of the CCA worksheet utilized by the Board of Medicine about the legislation proposal from the Board requiring licensure of directors of assisted living centers. Dr. Carter also expounded on the usefulness of the CCA case worksheets and noted that all future cases will contain the CCA review sheets.

EXECUTIVE DIRECTOR'S REPORT:

Dr. Carter updated the board on the statistics regarding on-line renewal as well as licensure and disciplinary case figures.

NEW BUSINESS:

The board granted CE extensions to Andrea T. Wallace, O.D. and Sandra R. Brown, O.D. for the 2004 licensure renewal. Further, that the licensees be placed on the 2006 audit list and that the licensees submit proof of CE obtained in the 2004 renewal period.

ADJOURNMENT:

The Board concluded its meeting at 1:20 p.m.



David H. Hettler, O.D.
President



Elizabeth A. Carter, Ph.D.
Executive Director

Board of Optometry

2005 Legislation – January 20, 2005

Lobbyist-in-a-Box: (Optometry) created on 12/10 at 13:54

HB 160 Optometrists; causes for revocation or suspension of license or reprimand of an optometrist.

Summary as introduced:

Causes for revocation or suspension of an optometrist's license or reprimand of an optometrist. Provides an additional rationale for revocation or suspension of an optometrist's license or for reprimand of an optometrist, i.e., practicing optometry in any setting or location in which there is access to or from the practice through a common door or doorway between both the practice and a commercial or mercantile establishment.

Patrons: Reid and McDonnell

01/18/05 House: Printed as engrossed 051923488-EH1
01/19/05 House: Engrossed bill reprinted 051923488-EH1
01/19/05 House: Read third time and passed House (80-Y 18-N)
01/19/05 House: VOTE: PASSAGE (80-Y 18-N)
01/19/05 House: Communicated to Senate

HB 1623 Health care services; interest rates incurred for certain debts.

Summary as introduced:

Interest rates incurred for certain debts for health care services. Provides that the rate of interest that may be charged with respect to an outstanding debt of an indigent person to a health care provider, or its assignee, which debt (i) was incurred by the indigent person as a result of the provision of health care services by the health care provider to the indigent person, (ii) has remained unpaid for 30 or more days following the provision of such health care services, and (iii) has been assigned by the health care provider to a debt collection agency for collection purposes, shall not exceed an annual rate of four percent.

Patron: Purkey

12/16/04 House: Prefiled & ordered printed; offered 01/12/05 051261472
12/16/04 House: Referred to Committee on Commerce and Labor

HB 2237 Practitioner Self-Referral Act; exemption.

Summary as introduced:

Practitioner Self-Referral Act; exemption. Exempts from prohibited practitioner self-referrals law (i) the health services to be received by a patient referred by a practitioner to that practitioner's immediate family member's office or group practice when the referral is within the scope of practice and the treating practitioner to whom the patient is referred is duly qualified and licensed to provide the health services to be received and (ii) the primary purpose of the referral is to obtain the appropriate professional health services for the patient being referred and the primary purpose of the referral is not for the provision of certain designated health services.

Patron: O'Bannon

01/11/05 House: Prefiled & ordered printed; offered 01/12/05 059017820

01/11/05 House: Referred to Committee on Health, Welfare and Institutions

01/19/05 House: Fiscal impact statement from DPB (HB2237)

HB 2251 Prescription drug utilization review programs.

Summary as introduced:

Prescription drug utilization review programs. Requires any health insurer, subscription plan or health maintenance organization with a policy that includes prescription drug coverage to institute a prescription drug utilization review program, pursuant to which it is required to conduct a prospective drug review before it approves coverage for a new prescription. The review shall involve screening for drug interactions, incorrect dosage, and other potential drug therapy problems. If the review indicates that a potential drug therapy problem may exist, it shall not approve coverage for the new prescription until it notifies the covered individual and his pharmacist of the potential problem.

Patron: Bell

01/11/05 House: Prefiled & ordered printed; offered 01/12/05 050908232

01/11/05 House: Referred to Committee on Commerce and Labor

HB 2429 Prescription Monitoring Program; includes reporting by out-of-state dispensers.

Summary as introduced:

Prescription Monitoring Program. Expands the Prescription Monitoring Program to include reporting by out-of-state dispensers (nonresident pharmacies) and to cover the entire Commonwealth. To assist in verifying the validity of a prescription, the bill extends the authority to query the system to prescribers licensed in other states and to pharmacists. The fourth and fifth enactment clauses of Chapter 481 of the 2002 Acts of Assembly are repealed to remove the funding contingencies and the restriction on the application of the program to a pilot project covering the southwestern region of Virginia. The program requires the reporting of "covered substances," that, pursuant to this bill, will include all controlled substances in Schedules II, III, and IV of the Drug Control Act (§ 54.1-3400 et seq.) of Title 54.1. Emergency regulations must be promulgated by the Director. Although the bill will be effective in due course, i.e., July 1,

2005, its provisions will not be implemented or enforced until the date on which the emergency regulations become effective. The Director is required to notify all out-of-state and Virginia dispensers who will be newly subject to the reporting requirements of the Prescription Monitoring Program prior to the date on which the provisions of this act will be implemented and enforced.

Patrons: Hamilton and Johnson

01/12/05 House: Prefiled & ordered printed; offered 01/12/05 056919116
01/12/05 House: Referred to Committee on Health, Welfare and Institutions
01/19/05 House: Fiscal impact statement from DPB (HB2429)

HB 2431 Practitioners; information provided to patients.

Summary as introduced:

Health professions; certain practitioner information provided to patients. Requires doctors of medicine, osteopathy, and podiatry to make available to patients information on accessing physician information including (i) their education and disciplinary actions compiled by the Board of Medicine; (ii) the doctor's charges for his 20 most commonly performed procedure codes; (iii) health insurance plans accepted and the managed care health insurance plans in which the doctor participates; and (iv) certain billing practices.

Patron: Hamilton

01/12/05 House: Prefiled & ordered printed; offered 01/12/05 055220316
01/12/05 House: Referred to Committee on Health, Welfare and Institutions

HB 2515 Medical records; charge for copies distinguished between patient request & subpoenaed records.

Summary as introduced:

Charge for copying health records. Distinguishes between the charges that may be levied by a health care provider (also referred to as "health care entity") for copies of health records when the patient requests his own health records and the records are subpoenaed or otherwise requested by a third party. The patient (individual who is the subject of the record) will be charged "a reasonable cost-based fee" that will only include costs of supplies and labor, postage, and preparation of any summary of the information. Current charges authorized for copies in anticipation of litigation or in the course of litigation will not apply to patients requesting their own records.

Patrons: O'Bannon, Athey and Landes; Senators: Blevins and Rerras

01/12/05 House: Prefiled & ordered printed; offered 01/12/05 051357136
01/12/05 House: Referred to Committee on Health, Welfare and Institutions

HB 2516 Health records; revises certain provisions for privacy of minors.

Summary as introduced:

Health records privacy; minors' records. Revises certain provisions relating to minors' health records to provide a measure of consistency with the federal regulations that were promulgated by the federal Secretary of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act concerning access to and authority to disclose protected health information.

Patrons: O'Bannon and Landes; *Senator:* Blevins

01/12/05 House: Prefiled & ordered printed; offered 01/12/05 051358136
01/12/05 House: Referred to Committee on Health, Welfare and Institutions

HB 2518 Optometry; practice in commercial establishments.

Summary as introduced:

The practice of optometry in commercial establishments; reporting requirements. Removes the current law prohibiting optometrists from practicing as a lessee of or in a commercial or mercantile establishment, including the prohibition on advertising through such establishment. The bill also adds failure to report suspected instances of optometrists being supervised by agents or employees of commercial establishments, and instances where an agent or employee of a commercial establishment is controlling or influencing an optometrist's professional judgment to the reporting requirements for which a violation may result in the revocation or suspension of a license.

Patrons: O'Bannon, Moran, Nutter and Sickles

01/12/05 House: Prefiled & ordered printed; offered 01/12/05 051952440
01/12/05 House: Referred to Committee on Health, Welfare and Institutions

HB 2804 Immunity for reporting health care practitioners.

Summary as introduced:

Immunity for reporting health care practitioners. Extends the immunity from civil liability for making a voluntary report regarding the conduct or competency of a health care practitioner to making such a report regarding the conduct or competency of any health care practitioner licensed, certified, or registered by a health regulatory board within the Department of Health Professions. Currently, the law only provides immunity when a report is required by law or regulation.

Patron: Van Yahres

01/18/05 House: Presented & ordered printed 050185532
01/18/05 House: Committee Referral Pending

SB 272 Optometrists; causes for revocation or suspension of license or reprimand.

Summary as introduced:

Causes for revocation or suspension of an optometrist's license or reprimand of an optometrist. Provides an additional rationale for revocation or suspension of an optometrist's license or for reprimand of an optometrist, i.e., practicing optometry in any setting or location in which there is access to or from the practice through a common door or doorway between both the practice and a commercial or mercantile establishment.

Patron: Quayle

01/14/05 Senate: Engrossed by Senate - com. sub. w/amds SB272ES1

01/14/05 Senate: Printed as engrossed 050902800-ES1

01/17/05 Senate: Read third time and passed Senate (35-Y 3-N 1-A)

01/17/05 Senate: VOTE: PASSAGE (35-Y 3-N 1-A)

01/17/05 Senate: Communicated to House

SB 716 Physician assistants; provisions for practicing in hospital emergency departments.

Summary as introduced:

Physician assistants practicing in hospital emergency departments. Provides that the hospital emergency department shall have no control of or supervisory responsibility for any assistant who is not employed by the emergency physician or his professional business entity. The bill also stipulates that a physician assistant, who is not so employed, may practice in an emergency department as authorized by the assistant's supervising physician, whether or not the supervising physician is physically present in the facility. In such cases, the supervising physician retains exclusive responsibility for the assistant, and must be available at all times for consultation with both the assistant and the emergency department physician. The assistant is required to communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician prior to the patient's discharge from the emergency department.

Patron: Edwards

12/27/04 Senate: Prefiled & ordered printed; offered 01/12/05 051803728

12/27/04 Senate: Referred to Committee on Education and Health

01/10/05 Senate: Fiscal impact statement from DPB (SB716)

01/13/05 Senate: Assigned to Ed. & Health sub-committee: Health Care

SB 829 Optometrists; treatment of narrow angle glaucoma.

Summary as introduced:

Health; treatment of narrow angle glaucoma. Provides that treatment of narrow angle glaucoma by optometrists must include timely referral to an ophthalmologist for consideration of preventive invasive procedures. The bill also includes definitions of "narrow angle glaucoma" and "adnexa" and prohibits treatment by optometrists of the paranasal sinuses, eyebrows, the

brain, the oropharyngeal cavity, and certain systemic disease processes including hypertension, diabetes, and collagen vascular diseases.

Patrons: Mims and Lucas; Delegate: Marshall, R.G.

01/10/05 Senate: Prefiled & ordered printed; offered 01/12/05 054053772
01/10/05 Senate: Referred to Committee on Education and Health

SB 904 Health insurance; prohibits health insurers, et al, from refusing assignments made to physicians.

Summary as introduced:

Health insurance; refusal to accept assignments prohibited; physicians and osteopaths. Prohibits health insurers, health maintenance organizations, and the state employees' health insurance plan from refusing to accept an assignment of benefits made to a physician or osteopath.

Patrons: Norment, Houck and Potts; Delegate: O'Bannon

01/11/05 Senate: Prefiled & ordered printed; offered 01/12/05 051317780
01/11/05 Senate: Referred to Committee on Commerce and Labor

SB 1110 Disclosure of patient information by certain health care providers.

Summary as introduced:

Disclosure of patient information by certain health care providers. Repeals provisions governing disclosure of patient information to third party payors by mental health, mental retardation, and substance abuse professionals. This bill is a recommendation of the Joint Commission on Health Care.

Patrons: Blevins; Delegates: Hamilton and Landes

01/12/05 Senate: Prefiled & ordered printed; offered 01/12/05 051931136
01/12/05 Senate: Referred to Committee on Education and Health

Counts: HB: 10 SB: 5

**PRACTITIONER/PATIENT RELATIONSHIP
SELF-TREATMENT AND TREATMENT OF FAMILY**

Reference:

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Any practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than medicinally or for therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

Guidance:

Documentation

The presence of a record is an essential part of a valid practitioner/patient relationship. The record should contain the following:

1. An appropriate history and physical examination (if pain is present and controlled substances prescribed, the assessment of pain, substance abuse history, and co-existing diseases or conditions should be recorded).

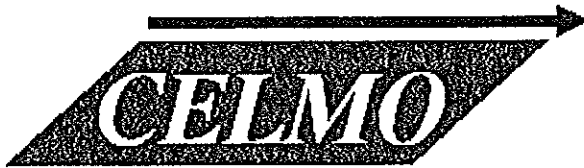
2. Diagnostic tests when indicated.
3. A working diagnosis.
4. Treatment plan.
5. Documentation by date of all prescriptions written to include name of medication, strength, dosage, quantity and number of refills. The prescription should be in the format required by law.

Self-Treatment and Prescribing

1. A practitioner cannot have a bona fide practitioner/patient relationship with himself or herself.
2. Only in an emergency should a practitioner prescribe for himself or herself schedule VI drugs.
3. Prescribing of schedule II, III, IV, or V drugs to himself or herself is prohibited.

Immediate Family

1. Appropriate consultation should be obtained for the management of major or extended periods of illness.
2. No schedule II, III or IV controlled substances should be dispensed or prescribed except in emergency situations.
3. Records should be maintained of all written prescriptions or administration of any drugs.



Council for Endorsed Licensure
Mobility for Optometrists

Association of Regulatory Boards of Optometry
**COUNCIL ON ENDORSED LICENSURE MOBILITY
FOR OPTOMETRISTS**

CELMO
(Pronounced *cellmo*)
(November 2004 revision)

I. CELMO CONCEPT – AN ARBO COMMITTEE

Program Name: Council on Endorsed Licensure Mobility for Optometrists (CELMO)

Purpose: To assist state optometry boards in reviewing applications for licensure from established practitioners in other jurisdictions.

Goals: To provide a license mobility vehicle by which state optometry boards can address the difficult task and burden of how to deal with the issue of licensure by endorsement in a uniform and consistent manner.

NOTE: It is acknowledged that each individual state board of optometry reserves the right to make its own determinations regarding licensure and this program in no way lessens that power, authority, and responsibility.

II. CELMO ELIGIBILITY REQUIREMENTS

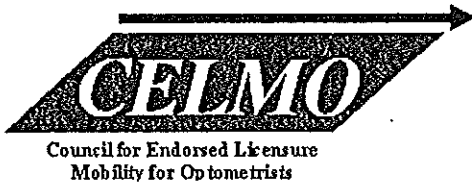
The Optometrist must:

- have a doctor of optometry (O.D.) degree from a school or college of optometry accredited by the Accreditation Council on Optometric Education (ACOE).
- have been engaged in active practice for three of the last four years.
- have authority to prescribe medications (therapeutic pharmaceutical agents) in the state in which currently practicing.
- be in good standing with every state board from which a license is currently held.
- report all disciplinary actions taken by any state board or other entity.
- pay all applicable CELMO fees.

CELMO will obtain reports from the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB) regarding the applicant.

III. PROGRAM OUTLINE

- Initial application fee = \$50.00 and certificate fee = \$200.00
 - 50 hours of COPE-approved CE over the 2-year period immediately preceding the application to CELMO.
 - A minimum of 20 hours is required from COPE group B; 4 of those hours are required to be CEE (Continuing Education with Examination).
 - A minimum of 20 hours is required from COPE group C; 4 of those hours are required to be CEE (Continuing Education with Examination).
 - The remaining 10 hours must be taken from COPE groups A, B, or C.
- The CELMO certificate will be valid for two years.
- Renewal certificate fee - \$100
 - 50 hours of COPE-approved CE over the 2-year period immediately preceding the application to CELMO.
 - A minimum of 20 hours is required from COPE group B; 4 of those hours are required to be CEE (Continuing Education with Examination).
 - A minimum of 20 hours is required from COPE group C; 4 of those hours are required to be CEE (Continuing Education with Examination).
 - The remaining 10 hours must be taken from COPE groups A, B, or C.
- CE attendance documentation will be the responsibility of the practitioner. Once CELMO CE requirements have been completed, the practitioner shall forward copies of CE documentation to the CELMO office at ARBO. Upon request, copies of these records may be made available to the state board/(s) which is/(are) considering the licensure of the practitioner
- Any submission of fraudulent information or the failure to submit material information will result in immediate denial or rescission of the CELMO certificate and such action shall be reported to all applicable state boards.
- Upon request, CELMO will provide comparative information to the state boards of current licensure requirements and scope of practice provisions of other jurisdictions.



CELMO INITIAL APPLICATION FORM

Application Date: ___/___/___

Practitioner's Name: _____ DOB: ___/___/___

Address: _____

City/State/Zip: _____

Phones: o: _____ h: _____ cell: _____

E-mail Address: _____

School/College of Optometry _____ Date of Graduation: _____

Current and Past Licenses and License Numbers:

State	Current?	License #	State	Current?	License #
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

Have you been in active practice for three of the last four years? Yes No

List all practice locations: _____ Dates of practice: _____ Average number hours/week: _____

Are you in good standing with every state board from which a license is currently held?

Yes No If No, then explain:

Have you had any disciplinary actions taken by any state board or other entity?

No Yes If yes, then list all disciplinary actions taken:
 State: _____ Date: _____ Action taken: _____

(CELMO will obtain reports from the Healthcare Integrity and Protection Databank (HIPDB) and the National Practitioners Databank (NPDB) regarding the applicant.

Please complete the continuing education chart below and attach proof of your 50 hours of continuing education to fulfill the CELMO requirement.

COPE Category B: Ocular Disease & Management: Glaucoma, Peri-operative Management of Ophthalmic Surgery, Refractive Surgery Management, Treatment and Management of Ocular Disease-Anterior Segment, Treatment and Management of Ocular Disease-Posterior Segment.

Minimum – 20 hours with 4 hours CEE (continuing education with examination).

Date	COPE Course #	Course Title	Location	Administrator	# Hours	# CEE Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Group B = _____ Total CEE Group B = _____

COPE Category C: Related Systemic Disease: Neuro-Optometry, Pharmacology, Principles of Diagnosis, Systemic/Ocular Disease

Minimum – 20 hours with 4 hours CEE (continuing education with examination).

Date	COPE Course #	Course Title	Location	Administrator	# Hours	# CEE Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Group C = _____ Total CEE Group C = _____

The REMAINING 10 HOURS FROM ANY COMBINATION OF **COPE Category A: Clinical Optometry:** Contact Lenses, Functional Vision/Pediatrics, General Optometry, Low Vision or **COPE Category B or COPE Category C:**

Date	COPE Course #	Course Title	Location	Administrator	# Hours	# CEE Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total of the Optional Combination of Groups A, B, and C = _____



Council for Endorsed Licensure
Mobility for Optometrists

Please enclose a check for \$50.00 for an initial application. The additional \$200.00 certificate fee is due at the completion of the audit and verification process. Make checks payable to CELMO.

For payment by credit card:

Circle One: Visa or MasterCard : Account #: _____ Expiration date: _____
Name as printed on the credit card: _____
Signature: _____

Mail to: CELMO
1750 South Brentwood Blvd.
Suite 503
St. Louis, MO 63144-1341

I hereby certify that the responses in this attestation and information in the documents are accurate, complete and current as of this date. Any material change in this information will be reported to CELMO. (NOTE: ORIGINAL ink signature must be submitted.)

I understand that any submission of fraudulent information or failure to submit material information will result in immediate denial or rescission of the CELMO certificate and such action shall be reported to all applicable State Boards.

I also hereby authorize CELMO to utilize and distribute this information as CELMO deems necessary in order to process and evaluate my application.

Signed: _____

(PRINT Name of signature)

(Direct telephone number)

Date: _____



Council for Endorsed Licensure
Mobility for Optometrists

CELMO RENEWAL APPLICATION FORM

Application Date: ___/___/___

Practitioner's Name: _____ DOB: ___/___/___

Address: _____

City/State/Zip: _____

Phones: o: _____ h: _____ cell: _____

E-mail Address: _____

School/College of Optometry _____ Date of Graduation: _____

Current and Past Licenses and License Numbers:

State	Current?	License #	State	Current?	License #
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

Have you been in active practice for three of the last four years? Yes No

List all practice locations: _____ Dates of practice: _____ Average number hours/week: _____

Are you in good standing with every state board from which a license is currently held?
 Yes No If No, then explain:

Have you had any disciplinary actions taken by any state board or other entity?
 No Yes If yes, then list all disciplinary actions taken:
 State: _____ Date: _____ Action taken: _____

(CELMO will obtain reports from the Healthcare Integrity and Protection Databank (HIPDB) and the National Practitioners Databank (NPDB) regarding the applicant.

Please complete the continuing education chart below and attach proof of your 50 hours of continuing education to fulfill the CELMO requirement.

COPE Category B: Ocular Disease & Management: Glaucoma, Peri-operative Management of Ophthalmic Surgery, Refractive Surgery Management, Treatment and Management of Ocular Disease-Anterior Segment, Treatment and Management of Ocular Disease-Posterior Segment.

Minimum – 20 hours with 4 hours CEE (continuing education with examination).

Date	COPE Course #	Course Title	Location	Administrator	# Hours	# CEE Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Group B = _____ Total CEE Group B = _____

COPE Category C: Related Systemic Disease: Neuro-Optometry, Pharmacology, Principles of Diagnosis, Systemic/Ocular Disease

Minimum – 20 hours with 4 hours CEE (continuing education with examination).

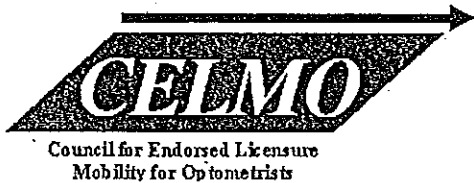
Date	COPE Course #	Course Title	Location	Administrator	# Hours	# CEE Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Group C = _____ Total CEE Group C = _____

The REMAINING 10 HOURS FROM ANY COMBINATION OF **COPE Category A: Clinical Optometry:** Contact Lenses, Functional Vision/Pediatrics, General Optometry, Low Vision or **COPE Category B or COPE Category C:**

Date	COPE Course #	Course Title	Location	Administrator	# Hours	# CEE Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total of the Optional Combination of Groups A, B, and C = _____



Please enclose a check for \$100.00 for RENEWAL fee. Make checks payable to CELMO.

For payment by credit card:

Circle One: Visa or MasterCard: Account #: _____ Expiration date: _____
Name as printed on the credit card: _____
Signature: _____

Mail to: CELMO
1750 South Brentwood Blvd.
Suite 503
St. Louis, MO 63144-1341

I hereby certify that the responses in this attestation and information in the documents are accurate, complete and current as of this date. Any material change in this information will be reported to CELMO. (NOTE: ORIGINAL ink signature must be submitted.)

I understand that any submission of fraudulent information or failure to submit material information will result in immediate denial or rescission of the CELMO certificate and such action shall be reported to all applicable State Boards.

I also hereby authorize CELMO to utilize and distribute this information as CELMO deems necessary in order to process and evaluate my application.

Signed: _____

(PRINT Name of signature)

(Direct telephone number)

Date: _____



Association of Regulatory Boards of Optometry

ARBO: www.arbo.org
COPE: www.copeonline.org
OptometryCE: www.OptometyCE.org

Tel: (314) 785-6000
Fax: (314) 785-6002
Email: arbo@arbo.org

1750 S. Brentwood Blvd., Suite 503, St. Louis, MO 63144-1341

OD Contacts
CELMO

CELMO Licensure Mobility Process

(Revised 11/04)

CELMO notifies OD
of expiration date of
current certificate.

OD contacts desired state board
with CELMO certificate.

CELMO approves
application & issues 2 year
certificate. CELMO sends
information on renewal
requirements: 50 hr CE
& \$100 renewal fee.

CELMO completes audit
and verification process
including queries of
HIPDB & NPDB.

CELMO sends packet and
directs applicant to online
process. CELMO staff
lists OD as CELMO
certificate candidate.

OD pays \$50 application fee and
begins to fulfill CE & CEE per
the suggested curriculum of
CELMO.

OD completes CELMO CE
requirements, sends documentation
and \$200 certificate fee to CELMO.



CELMO

Council on Endorsed Licensure
Mobility for Optometrists

**Council on Endorsed Licensure
Mobility for Optometrists**

Certificate

Has fulfilled the requirements of the Council on Licensure Mobility for Optometrists
which represents the highest standard of optometric continuing education approved
by the Council on Optometric Practitioner Education (COPE).

Issue Date: _____

ARBO President

ARBO

Expiration Date: _____

CELMO Chairperson

A service of the Association of Regulatory Boards of Optometry, Inc.