

TEXAS OPTOMETRY BOARD

333 Guadalupe Street, Suite 2-420
 Austin, Texas 78701-3942
 512/305-8500 Fax 512/305-8501



CASE REVIEW CONSULTANT - OPTOMETRIST

The Board is seeking qualified case review consultants to carry out duties established by SB993 of the 87th Regular Legislative Session. Attach a current curriculum vita to this application (including training and experience) and submit to kelly.parker@tob.texas.gov. Applications will be reviewed and approved by the Board. If approved, consultants will be required to contract with the Board for a set fee.

PERSONAL INFORMATION

Name: _____

Work Address: _____

City _____ State ____ Zip _____

Work Phone: _____

Email: _____

Home Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Cell Phone: _____

LICENSURE, PRACTICE AND MEMBER INFORMATION:

<p>Licensure & Practice:</p> <p>License Number: _____</p> <p>Current Practice Setting (mark with "X"): <input type="checkbox"/> Private <input type="checkbox"/> Institutional <input type="checkbox"/> Limited to Clinical Teaching</p>	<p>Disciplinary Action (check all that apply):</p> <p><input type="checkbox"/> I have not been the subject of any disciplinary action or conviction by any federal, state, or regulatory authority in Texas or any other state</p> <p><input type="checkbox"/> I am currently the subject to a pending investigation with the Texas Optometry Board.</p> <p><input type="checkbox"/> I am attaching legal disposition documents.</p>
<p>Are you or your spouse an officer, employee, or paid consultant of a Texas trade association?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Are you a member of the faculty or board of trustees of an optometry school or an institution of higher education with an affiliated optometry school?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Are you actively treating glaucoma patients? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

CONSULTANT SERVICES

Please initial next to each duty you are willing to perform as case review consultant.

___ Work/consult with the Texas Optometry Board staff.

___ Review complaints and patient records.

___ Prepare a written report in a timely fashion.

CRITERIA FOR SERVING AS A CASE REVIEW CONSULTANT

- Hold an active and unrestricted Texas optometry license.
- Live and work in Texas.
- No disciplinary action by the TOB or other regulatory agency.
- At least five years’ experience treating glaucoma.
- Must submit application and CV.
- Subject to approval by the Board.

EXPERT REVIEWER AGREEMENT

If selected by the Board as a case review consultant, I acknowledge and understand that I must:

- Comply with required report requirements and TOB timelines.
- Decline any involvement in a case where a conflict of interest may arise.
- Not make contact with the parties involved in the case.
- Hold all information relating to an investigation in strict confidence, and deliver all documents, files and reports directly to the Board’s Executive Director or Board Investigator.
- Adhere to a strict confidentiality agreement.

ATTESTATION

I acknowledge and understand that the information in records may contain protected health, legally privileged, or otherwise confidential information. Case review consultants are not permitted to disseminate, distribute, disclose, copy or forward records to parties outside of the Texas Optometry Board. Accidental release is unlawful disclosure.

Printed Name of Applicant

Date: _____

Signature of Applicant