



## OPTOMETRIC GLAUCOMA SPECIALIST PACKET

This application packet must be completed for an Optometric Glaucoma Specialist license. Failure to submit the appropriate documentation will delay licensure. Application instructions are available on the Board's website. For more information related to the licensing process, contact [licensinginfo@tob.texas.gov](mailto:licensinginfo@tob.texas.gov) or [info@tob.texas.gov](mailto:info@tob.texas.gov).

The following materials and/or documentation are also required for issuance of an Optometric Glaucoma Specialist license:

- Completed application and required fee
- Certification of Skills (Board form)
- Review course and examination documentation (original letter if licensed prior to 2008)



## APPLICATION FOR OPTOMETRIC GLAUCOMA SPECIALIST

Instructions: Print legibly or type all information. All fields are required. Fees are non-refundable. Make your check or money order payable to TOB and mail to 1801 N. Congress Avenue, Suite 9.300, Austin, Texas 78701.

Select box and complete section:

- Pursuant to Section 351.3581 of the Texas Optometry Act, I hereby make application as an Optometric Glaucoma Specialist. \$55.00
- I graduated prior to 2008. I attended the following optometry school: \_\_\_\_\_

Therapeutic Licensure Number: \_\_\_\_\_

Initial Licensure Date: \_\_\_\_\_

### PART I. Applicant Information.

All information in this section is required. If there is no information for a particular part, please indicate same. The Business Address will be made available to the public once licensed. The social security number of an applicant for a license, certificate, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name(if applicable): \_\_\_\_\_

Current Address (address, city, state): \_\_\_\_\_

Mailing Address: (address, city, state): \_\_\_\_\_

Business Address (address, city, state): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

### PART II. Glaucoma Curriculum/Course Information.

All information in this section is required. Note, please make sure to attach all required supporting documentation including the Certification of Skills form.

Optometry School or Sponsor of Glaucoma Course: \_\_\_\_\_

Location: \_\_\_\_\_ Graduation Date or Course Completion Date: \_\_\_\_\_

I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas Optometry Board and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure. Additionally, I attest that I will not practice as an Optometric Glaucoma Specialist in the State of Texas until I have been issued a Texas license.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Signature



Rule §280.8. Optometric Glaucoma Specialist: Required Education, Examination and Clinical Skills Evaluation.

(a) Education Required.

(1) Successful completion of at least 30 classroom hours of board approved review course work in glaucoma diagnosis and treatment and pharmacology of approved oral and anti-glaucoma drugs is required for licensure as an optometric glaucoma specialist. The applicant must provide documentation of successful completion of course work.

(2) To be acceptable, courses of classroom hours must receive prior approval by the board. Approved courses may be given only by accredited colleges and schools of optometry or via other educational programs approved by the board. Successfully completed classroom hours may be used to satisfy the Continuing Education requirements for that year.

(b) Examination. Each applicant for licensure as an optometric glaucoma specialist shall have passed, with a grade of 75 or above, a Board approved examination covering the 30 classroom hours defined in this rule. The examination must have received prior approval by the board. The applicant must provide documentation of passing the examination. Examinations given by accredited schools of optometry or medicine covering the subjects described in the Board's Resolution dated April 14, 2000, are hereby approved.

(c) Sitting for Review Course and Examination Prior to Graduation. An applicant may sit for a board approved review course and examination provided that the applicant submits to the course provider a written statement from the dean of an accredited college of optometry that the applicant is enrolled in good standing in the college and is in the final semester before graduation, and such other information as the board may deem necessary for the enforcement of the Act. Subsequent to licensure by the Board as a therapeutic optometrist, the applicant having sat for the course and examination as a student must obtain a clinical skills evaluation, and when making application to the Board for licensure as an Optometric Glaucoma Specialist, include a copy of the statement from the dean originally furnished to the course provider.

(d) Clinical Skills Evaluation. Each applicant for licensure as an optometric glaucoma specialist shall submit a signed and dated certification prepared by a licensed ophthalmologist or optometric glaucoma specialist. The certification shall confirm the demonstration by the applicant in an adequate and appropriate manner, as directly observed by the ophthalmologist or optometric glaucoma specialist, of the following skills:

- (1) tonometry,
- (2) gonioscopy,
- (3) slit lamp examination,
- (4) optic nerve examination/fundus, and
- (5) interpretation of visual fields.

(e) Applicants Graduating from Curriculums Which Include Instructional Clinical Course. An applicant meets the requirements of §351.3581 of the Act and subsections (a) - (c) of this section, provided:

(1) the Board determines in a review of the curriculum and by certification of the dean of a school or college of optometry that:

(A) The course work required for certification in this section, including an instructional clinic review component, is part of the school or college of optometry's regular curriculum, and that the examination required for graduation from the school or college is the substantive equivalent of an examination approved by the Board pursuant to subsection (b) of this section.

(B) The students of the school or college must receive clinical training and satisfy the evaluation requirement set out in subsection (d) of this section.

(2) This subsection shall apply to all applicants graduating on or after May 1, 2008, from a school or college of optometry for which the Board has issued a determination under paragraph (1) of this subsection, in the calendar year during which the determination was issued or any year thereafter.