



WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231 • Charleston, WV 25301 • Phone: 304-558-5901 • Fax: 304-558-5908 • Website: optometry.wv.gov

REPORT OF PROCTORED SESSION FOR LASER CERTIFICATION IN WEST VIRGINIA

General Information

An applicant or licensee shall obtain oral prescriptive certification and pharmaceuticals by injection certification, as well as meet the educational and training requirements listed in §30-8B-5 prior to submitting an application for Ophthalmic Laser Utilization certification.

After July 9, 2025, and a West Virginia Optometry laser level license is obtained, each licensee can choose to become Laser Certified in any or all three separate categories: posterior capsulotomy, peripheral iridotomy, and selective laser trabeculoplasty (SLT).

A licensee shall successfully demonstrate clinical proficiency to perform the procedure or procedures on a living human eye to the proctor's satisfaction. The procedures shall be proctored by an optometrist or ophthalmologist licensed in the state where the proctoring is taking place and already meets the criteria established by W. Va. St. Code §30-8B-5.

Minimum requirements for certification in any or all three categories as required by W. Va. St. Code §30-8B-4.

- FIVE (5) posterior capsulotomy procedures
- FIVE (5) selective laser trabeculoplasty (SLT) procedures
- FOUR (4) peripheral iridotomy procedures

Please complete the appropriate REPORT OF PROCTORED SESSION FOR LASER CERTIFICATION IN WEST VIRGINIA PROCEDURE FORM for each procedure and proctored session. Please note, not all proctored procedures need to be completed on the same day.

Questions, please contact the West Virginia Board of Optometry by phone or email.



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REPORT OF PROCTORED SESSION FOR LASER CERTIFICATION IN WEST VIRGINIA PROCEDURE FORM

PLEASE COMPLETE ONE FORM FOR EACH PROCTOR

TO BE COMPLETED BY THE LICENSEE:

WV LICENSE NUMBER: _____

LICENSEE'S NAME: _____
(Last) (First) (Middle) (Suffix)

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

TO BE COMPLETED BY THE PROCTOR:

Pursuant to W. Va. St. Code §30-8B-4 of the Regulations of the West Virginia Board of Optometry, I attest that the above-named licensee has successfully performed the following laser procedure in a proctored session on a live human eye that I personally observed, as evidenced by the following report:

Posterior Capsulotomy: Five (5) Proctored Procedures Required

Date of Procedure	Location/Address of Procedure

Evaluation of the clinical competency of licensee being proctored (use a separate sheet if needed):

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I attest that I am an Optometrist or Ophthalmologist licensed in good standing in the state where the proctoring is taking place, meet the requirements pursuant to W. Va. St. Code §30-8B-5 and have been pre-approved by the West Virginia Board of Optometry to serve as a proctor for laser certification procedures.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

STATE ISSUING LICENSE: _____ **LICENSE NUMBER:** _____



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WV LICENSE NUMBER: _____

LICENSEE'S NAME: _____
(Last) (First) (Middle) (Suffix)

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

TO BE COMPLETED BY THE PROCTOR:

Pursuant to W. Va. St. Code §30-8B-4 of the Regulations of the West Virginia Board of Optometry, I attest that the above-named licensee has successfully performed the following laser procedure in a proctored session on a live human eye that I personally observed, as evidenced by the following report:

Selective Laser Trabeculoplasty (SLT): Five (5) Proctored Procedures Required

Date of Procedure	Location/Address of Procedure

Evaluation of the clinical competency of licensee being proctored (use a separate sheet if needed):

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I attest that I am an Optometrist or Ophthalmologist licensed in good standing in the state where the proctoring is taking place, meet the requirements pursuant to W. Va. St. Code §30-8B-5 and have been pre-approved by the West Virginia Board of Optometry to serve as a proctor for laser certification procedures.

SIGNATURE: _____ **DATE:** _____

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TO BE COMPLETED BY THE LICENSEE:

WV LICENSE NUMBER: _____

LICENSEE'S NAME: _____
(Last) (First) (Middle) (Suffix)

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

TO BE COMPLETED BY THE PROCTOR:

Pursuant to W. Va. St. Code §30-8B-4 of the Regulations of the West Virginia Board of Optometry, I attest that the above-named licensee has successfully performed the following laser procedure in a proctored session on a live human eye that I personally observed, as evidenced by the following report:

Peripheral Iridotomy: Four (4) Proctored Procedures Required

Date of Procedure	Location/Address of Procedure

Evaluation of the clinical competency of licensee being proctored (use a separate sheet if needed):

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I attest that I am an Optometrist or Ophthalmologist licensed in good standing in the state where the proctoring is taking place, meet the requirements pursuant to W. Va. St. Code §30-8B-5 and have been pre-approved by the West Virginia Board of Optometry to serve as a proctor for laser certification procedures.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

STATE ISSUING LICENSE: _____ **LICENSE NUMBER:** _____