



## 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](http://optometry.wv.gov)

### WEST VIRGINIA LASER CERTIFICATION PROCTOR APPLICATION

Laser Certification procedures shall be proctored by an optometrist or ophthalmologist in good standing licensed in the state where the proctoring is taking place and the proctor already meets the criteria established by W. Va. St. Code §30-8B-5.

If the proctoring is taking place within the State of West Virginia, the proctor needs to obtain a West Virginia Optometry license first and then complete the proctor application. Once both are approved by the Board, the applicant can serve as a proctor for laser certification in West Virginia.

PROCTOR APPLICANT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Pursuant to W. Va. State Code §30-8B-4, please provide the following:

- Proof of an active Optometry License (from a laser equivalent state) in good standing with a License Verification Letter sent directly from the issuing state, as well as a copy of your self-query report from the National Practitioner Database (NPDB).
- Proof of documentation that you have performed the following on a live human eye:
  - FIVE (5) posterior capsulotomy procedures
  - FIVE (5) selective laser trabeculoplasty (SLT) procedures
  - FOUR (4) peripheral iridotomy procedures

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STATE ISSUING LICENSE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

LICENSE TYPE: (Please Circle One)      Optometrist      Ophthalmologist