



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

Application for Laser Certification for current West Virginia Optometry Licensees

Please type or print clearly. Failure to complete all sections or provide all requested information will result in an incomplete application.

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

PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PRACTICE PHONE NUMBER: _____ EMAIL: _____

OPTOMETRY SCHOOL: _____ GRADUATION DATE: _____

WV LICENSE NUMBER: _____ ISSUE DATE: _____

_____ (Initial here) I confirm I have an active WV Optometry license in good standing with oral prescriptive certification/authority and injection certification.

Per W. Va. Code §30-8B-5, please initial by one of the following to satisfy the requirement and accurately reflects your application and supporting documentation.

_____ Passage of the National Board of Examiners in Optometry (NBEO) Laser and Surgical Procedures Examination (LSPE) Exam Date: _____ Please request official Board score report be sent to info@wvbo.org

_____ West Virginia Board of Optometry Approved Laser Certification Course

Optometry School/Location where course was taken: _____

Completion/Passage Date of Approved Training: _____

Please enclose all official documentation from the course provider confirming successful course completion OR have them sent to our attention. This includes course completion certificates and exam results of in-person proficiency exam results where applicable.

ADDITIONAL REQUIREMENTS FOR ALL APPLICANTS: Please provide a copy of current Certification in **Basic Life Support** from the **American Red Cross** or the **American Heart Association**.

APPLICATION FEE: Preferred payment method is online with a credit card using a secure link hosted by the WV State Treasurer's Office. Visit <https://epay.wvsto.com/ProcessPay/Default.aspx?GUID=7F042615-340F-4C6D-BA6C-0A4CB5AD3328> or Scan the QR Code. If you prefer to pay by Check or Money Order made out to the **West Virginia Board of Optometry** in the amount of \$200.00 per W. Va. Code St. Rule §14-5-2.22. Please note in the memo line your WV License number and "Laser Certification Fee".



***Please note, once this application is approved, you must submit proof of documentation and complete a "REPORT OF PROCTORED SESSION FOR LASER CERTIFICATION IN WEST VIRGINIA" for each procedure performed on a live human eye, pursuant to W. Va. St. Code §30-8B-4, including FIVE (5) posterior capsulotomy procedures, FIVE (5) selective laser trabeculoplasty (SLT) procedures, and FOUR (4) peripheral iridotomy procedures to become fully certified in each procedure. A licensee may submit for certification for any or all approved procedures separately. ***

Finally, please read, acknowledge, and sign the following affidavit before a notary public.

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I have completed
(Print Full Name)

the required Board approved training and laser proficiency education for laser certification in West Virginia.

I hereby request and authorize all institutions or organizations to release any information or records to the West Virginia Board of Optometry required by the Board regarding my clinical ability, education, and training. A copy of this Affidavit shall have the same force and effect as the original.

I declare that the statements made by me in this application are true and correct. I agree that any falsification, omission or withholding of information concerning my qualifications as an applicant shall be sufficient grounds for disciplinary action which may be taken by the Board.

I acknowledge that I am not fully laser certified in each procedure until I have completed the minimum supervised proctored sessions for each procedure on a live human eye and received approval and certification from the Board.

I have read, understand, and will comply with the requirements of W. Va. Code, §30-8B et al.

APPLICANT'S SIGNATURE: _____ DATE: _____
(Signed in presence of Notary Public)

WV LICENSE NUMBER: _____

To be completed by Notary Public:

STATE OF WEST VIRGINIA

COUNTY OF _____

The foregoing instrument was acknowledged before me this date _____ **by**

_____.
(Name of Applicant)

Notary Public Signature: _____

My commission expires: _____

NOTARY STAMP