



Board of Optometry
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Request for Optometry Advanced Procedures Endorsement

Optometry Advanced Procedure Endorsement:

An optometrist licensed under [RCW 18.53](#) may apply for an endorsement to perform advanced procedures upon completion of training.

Submit the attached request form and certification requirements.

All information should be printed clearly. It is your responsibility to submit the correct forms required.

Endorsement Application

1. Demographic Information

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth Date: Provide the month, day, and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Email: Enter your email address. See [RCW 18.54.070\(4\)](#)

2. School or Program Information:

List the name of the program attended and the date of completion. The course must contain supervised hands-on experience, with live patients, in the categories of procedures listed in [RCW 18.53.010](#). It must be a course offered by an institution of higher education accredited by those agencies recognized by the United States Department of Education or the Council on Higher Education and Accredited by the Council on optometric Education of the American Optometric Association and Approved by the Washington state board.

Provide an official transcript and or diploma certified by the registrar from an approved advanced procedure optometric program.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

3. Examination:

An applicant must pass one of the following examinations before an endorsement will be granted:

Successfully complete the NBEO Injections Skill Examination (ISE) and Laser & Surgical Procedure Exam (LSPE).

The exam score must be sent directly from the NBEO. For additional information on how to have your scores sent, go to the NBEO website at <http://www.optometry.org/>.

- OR -

Successful completion of an exam administered by a board approved educational program. The program must complete the exam attestation and submit it directly to visionapplication@doh.wa.gov.

4. Agreement with Qualified Physician Attestation:

Enter into an agreement with a qualified physician licensed under chapter [18.71 RCW](#) or an osteopathic physician licensed under chapter [18.57 RCW](#) for rapid response if complications occur during an advanced procedure.

Optometrist will maintain the completed and signed documentation and have it available upon request by the board if audited.

5. Applicant's Attestation:

You must sign and date this for us to process the application.



Optometry Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
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1. To be completed by the applicant:			
Name	First	Middle	Last
Birth date (mm/dd/yyyy)	Optometrist License Number		Email Address
Address			
City	State	Zip Code	County
2. School or Program Information:			
Name of the School or Program Attended:			
Program Completion Date:		Total Program Hours With Live Patients:	
3. Examination:			
Please indicate what exam you have taken:			
<input type="checkbox"/> National Board of Examiners (NBEO)		<input type="checkbox"/> Approved Educational Program Exam	
4. Agreement with Qualified Physician:			
I attest I have entered into an agreement with a qualified physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW for rapid response if complications occur during an advanced procedure.			
		Applicant's Initials	Date

5. Applicant's Attestation:

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)

the state of Washington the following is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate my endorsement:

- I am the person described and identified in this application.
- I have read [RCW 18.53.010](#) and [RCW 18.54.800](#).
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

Signature _____ Date _____
(Signature of applicant) (mm/dd/yyyy)

Please return this form to the address listed below.

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