

Michigan Department of Licensing and Regulatory Affairs

**Board of Optometry**

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**OPTOMETRY LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Optometry. Questions regarding your application can be directed to the Michigan Board of Optometry at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

**GENERAL INSTRUCTIONS FOR LICENSURE BY EXAMINATION:**

1. Please mark the appropriate type(s) of licensure for which you are applying. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Sign and date your application. Failure to correctly complete the application in its entirety may delay the processing of your application.
2. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
3. Completed application and required fee(s). A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.
4. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
5. A final, official transcript sent directly from your school that shows the date that your doctor of optometry degree was conferred.
6. Applicants are required to pass Parts I, II and III of the National Board of Examiners in Optometry (NBEO) examination. Michigan accepts the same overall passing scores that are established by NBEO. Request the NBEO ([www.optometry.org](http://www.optometry.org)) to send your examination scores directly to this office.
7. All applicants for optometry licensure must take and pass the 32-question jurisprudence examination. The passing score on the exam is 75% (24/32). The jurisprudence examination is included in the application packet and must be completed and returned with your application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Optometry and in Article 15, parts 161 and 174 of the Michigan Public Health Code.

**APPLICANTS FOR BY LICENSURE BY ENDORSEMENT:** (You must hold a current license in another state to apply for licensure by endorsement.)

**If you have been licensed in another state for at least 5 years, you must submit:**

1. Completed application and required fee(s). A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Verification of licensure from any state where you hold or have ever held a permanent optometrist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. All applicants for optometry licensure must take and pass the 32-question jurisprudence examination. The passing score on the exam is 75% (24/32). The jurisprudence examination is included in the application packet and must be completed and returned with your application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Optometry and in Article 15, parts 161 and 174 of the Michigan Public Health Code.

**If you have been licensed in another state less than 5 years, you must submit:**

1. Completed application and required fee(s). A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. A final, official transcript sent directly from your school that shows the date your doctor of optometry degree was conferred.
4. Overall passing scores on Parts I, II and III of the National Boards must be sent directly from NBEO ([www.optometry.org](http://www.optometry.org)).
5. Verification of licensure from any state where you hold or have ever held a permanent optometrist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
6. All applicants for optometry licensure must take and pass the 32-question jurisprudence examination. The passing score on the exam is 75% (24/32). The jurisprudence examination is included in the application packet and must be completed and returned with your application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Optometry and in Article 15, parts 161 and 174 of the Michigan Public Health Code.

**APPLICANTS SEEKING DIAGNOSTIC PHARMACEUTICAL AGENTS (DPA) AND THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) CERTIFICATION MUST SUBMIT:**

1. The completed application and appropriate fee.
2. A copy of your current certificate showing successful completion of a course in advanced cardiac life support or a course in basic life support.
3. The completed Management and Emergency Plan form. Be sure to make a photocopy of this form to keep permanently in your office. Submit the original, signed plan with the application.
4. The Verification of Diagnostic Pharmaceutical Agents (DPA) Training Form. Section I of the Verification of Diagnostic Pharmaceutical Agents (DPA) Training form must be completed by the applicant. Section II of this form must be completed and returned to this office by the Director of the DPA educational program or the Registrar of the institution where the training was completed.
5. The Verification of Therapeutic Pharmaceutical Agents (TPA) Training Form. Section I of the Verification of Therapeutic Pharmaceutical Agents (TPA) Training form must be completed by the applicant. Section II of this form must be completed and returned to this office by the Director of the TPA educational program or the Registrar of the institution where the training was completed. **YOU MUST HAVE DPA CERTIFICATION TO OBTAIN TPA CERTIFICATION.**

**GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Optometry in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Optometry in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) for more information on the specific requirements.  
**PLEASE NOTE:** You are not required to complete any continuing education credits in order to renew your license for the first time because you will not have held your license for a full two-year period.
5. DEA: Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, Michigan 48226 (800) 882-9539. The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.
6. RULES AND/OR LICENSING UPDATES: It is the responsibility of the licensee to be aware of the rules that govern practicing optometry in the State of Michigan. Rules and licensing updates are available on our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
7. ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)  
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at [www.cogentid.com/index.htm](http://www.cogentid.com/index.htm). Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to [mihelp@cogentsystems.com](mailto:mihelp@cogentsystems.com).



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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

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DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit  
1650 Wabash Ave. Ste. D  
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

## LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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**Applicant Instructions:** Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

### REQUESTING AGENCY INFORMATION

Agency I.D. Number: <b>71734k</b>	Agency Name: <b>Department of Licensing and Regulatory Affairs, Bureau of Health Professions</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional (MCL333.16174)</b>	Cost:

**\*\*Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

**APPLICATION FOR LICENSURE AS AN OPTOMETRIST**

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

**Type or Print Only**

**Board Use Only**

**I AM APPLYING FOR THE FOLLOWING:**

License Number: \_\_\_\_\_  
Controlled Substance License Number: \_\_\_\_\_  
Date of Licensure: \_\_\_\_\_

- License by Examination Fee: \$170.00 71-4901-01
- License by Endorsement Fee: \$120.00 71-4901-09  
(Must Currently be Licensed in Another State)
- Diagnostic Pharmaceutical Agents (DPA) Certification Fee: \$75.00 71-4901-11
- Therapeutic Pharmaceutical Agents (TPA) Certification Fee: \$75.00 71-4901-11  
**(DPA CERTIFICATION REQUIRED TO OBTAIN TPA CERTIFICATION)**
- Controlled Substance Fee: \$85.00 49-01 71-5315-3757

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	E-mail address
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Health Professional I.D./License Number and Expiration Date

**Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name
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7. Have you ever had a federal or state optometrist license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?  Yes  No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?  Yes  No
9. Do you hold or have you ever held an optometry license in any state or Canadian province? If so, list each state or province, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each licensing agency verify licensure directly to this board office. (Attach additional sheet, if necessary.)**  Yes  No

State or Province	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

**Provide a complete chronological record of your optometry education. Attach additional sheets if necessary.**

Name and Address of Institution	Dates of Attendance From	To	Degree

**FOR ENDORSEMENT APPLICANTS ONLY**

**Provide a description of your professional optometry experience. Attach additional sheets if necessary.**

Have you been engaged in clinical practice, teaching at a school of optometry, or research related to the field of optometry? If Yes, complete the section below for a minimum of five years of experience starting with the most recent date.

Yes  No

Name and Address of Employer	Dates of Practice From	To	Duties

**CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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## Michigan Department of Licensing and Regulatory Affairs

**Board of Optometry**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**MANAGEMENT AND EMERGENCY PLAN**

This is a sworn statement

Authority: Public Act 368 of 1978, as amended

**Type or Print Only**

Optometrist's Name		
Street Address		
City	State	ZIP Code
Permanent I.D. Number	Date of Plan Completion	

**REFERRALS:** List the names and addresses of a least three physicians (M.D. or D.O.), physician clinics, or hospitals in Michigan to whom you will refer patients with adverse drug reactions. Be sure at least one is skilled or specializes in the diagnosis or treatment of the eye (board eligible or certified ophthalmologist). An optometrist may include the patient's primary care physician in the plan, but shall not substitute the patient's primary care physician for a physician named in the plan who specializes in the diagnosis and treatment of diseases of the eye.

Name of Ophthalmologist	Telephone
Address	City, State, Zip

Name of Second Referral	Telephone
Address	City, State, Zip

Name of Third Referral	Telephone
Address	City, State, Zip

**PLAN: The following management plan will be in operation in my office:**

1. I will refer patients with an adverse drug reaction to appropriate medical specialists or facilities.
2. I will routinely advise each patient, and so note in their record, to contact me if the patient experiences an adverse drug reaction.
3. I will place information in each patient's permanent record describing any adverse drug reaction experienced by the patient, and the date and time any referral was made.
4. A COPY OF THIS MANAGEMENT AND EMERGENCY PLAN WILL BE KEPT IN MY OFFICE.

Signature of Applicant	Date
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Board of Optometry**

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**VERIFICATION OF THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) TRAINING**

Authority: Public Act 368 of 1978, as amended

**SECTION I - APPLICANT INFORMATION**

**Applicant** Please complete the information in Section I and mail this form to the school of Optometry where you trained in the didactic and clinical use of therapeutic pharmaceutical agents (TPAs).

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Applicant's Signature	Date	

**SECTION II - VERIFICATION OF TRAINING**

**School of Optometry** The applicant listed above is seeking certification to use and prescribe TPA's in Michigan. Please complete Section II and the certification below concerning training received by the applicant. When the form is complete, mail it directly to the Board of Optometry at the address shown above.

Name of School	Telephone Number	
Street Address		
City	State	ZIP Code
Dates of Training		
<b>From:</b>	<b>To:</b>	

**CERTIFICATION**

I certify that the applicant named above has completed a minimum of 10 quarter hours or 7 semester hours of credit or 100 classroom hours of study, in courses relating to the didactic and clinical use of therapeutic pharmaceutical agents related to optometry.

\_\_\_\_\_  
Authorized Signature (Dean, Registrar, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title

(SCHOOL SEAL)

**Board of Optometry**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**VERIFICATION OF DIAGNOSTIC PHARMACEUTICAL AGENTS (DPA) TRAINING**

Authority: Public Act 368 of 1978, as amended

**SECTION I - APPLICANT INFORMATION**

**Applicant** Please complete the information in Section I and mail this form to the school of Optometry where you trained in the use of topical ocular diagnostic pharmaceutical agents (DPAs).

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Applicant's Signature	Date	

**SECTION II - VERIFICATION OF TRAINING**

**School of Optometry** The applicant listed above is seeking certification to use topical ocular DPAs in Michigan. Please complete Section II and the certification below concerning training received by the applicant. When the form is complete, mail it directly to the Board of Optometry at the address shown above.

Name of School	Telephone Number	
Street Address		
City	State	ZIP Code
Dates of Training		
From:	To:	

**CERTIFICATION**

I certify that the applicant named above has completed a minimum of 60 classroom hours in general and clinical pharmacology with not less than 30 of the 60 classroom hours being allocated to ocular pharmacology and emphasizing the systemic effects of, and reactions to, topical ocular diagnostic pharmaceutical agents, including the emergency management and referral of any adverse reactions that may occur.

The doctor named above has also successfully completed an examination with a score of 75% or better on general and ocular pharmacology as it relates to the practice of optometry, with particular emphasis on the use of topical ocular diagnostic pharmaceutical agents, including emergency management and referral of any adverse reactions that may occur.

\_\_\_\_\_  
Authorized Signature (Dean, Registrar, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title

(SCHOOL SEAL)

## Michigan Department of Licensing and Regulatory Affairs

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Type or Print Name

(S E A L)

\_\_\_\_\_  
Title\_\_\_\_\_  
Full Name of Licensing Board

## OPTOMETRY LAWS & RULES EXAMINATION

Name \_\_\_\_\_ SSN \_\_\_\_\_

Please clearly print your name and Social Security Number in the above spaces. Circle your answers for each test question. Be sure to read the statement at the end of the examination and sign your name on the last page before sending it to the Board Office along with your application. The passing score is 75% (24/32).

1. The governing body for licensed optometrists in Michigan is the
  - a. Michigan Board of Optometry.
  - b. Michigan Optometric Association.
  - c. American Optometric Association.
  - d. Michigan Department of Licensing and Regulatory Affairs.
  
2. After initial licensure renewal, an optometrist's license **MUST** be renewed every \_\_\_\_\_ year(s).
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  
3. Ethical conduct of an optometrist is defined as
  - a. advising the patient whenever consultation with an optometric colleague or referral to other professional care seems advisable.
  - b. verifying frame specifications and power of all lenses processed from his/her prescriptions to protect the patient against errors.
  - c. avoiding holding himself/herself forth in such a manner as to carry the slightest intimation of having superior skill or equipment or being superior to other optometrists.
  - d. all of the above
  
4. Patient records must be retained by an optometrist for at least
  - a. 3 years.
  - b. 5 years.
  - c. 7 years.
  - d. 10 years.

5. If an optometrist has made a false representation of material fact when applying for a license,
  - a. the optometrist may be denied licensure.
  - b. no action will be taken until the license is renewed.
  - c. the optometrist may not supervise any employees.
  - d. the optometrist will be required to attend additional continuing education courses in ethics.
  
6. Which of the following is **INCORRECT** regarding “supervision” as defined in the Public Health Code? The supervisor
  - a. must be physically present at the practice location at all times.
  - b. must review the work of the supervised individual on a regularly scheduled basis.
  - c. must further educate the supervised individual in the performance of the individual’s assigned duties.
  - d. must be continuously available for direct communication, either personally or by radio, telephone, or telecommunication.
  
7. According to the Michigan Public Health Code, Karen Murray, a licensed optometrist practicing in Michigan, may use all of the following titles EXCEPT
  - a. Dr. Karen Murray.
  - b. Karen Murray, O.D.
  - c. Dr. Karen Murray, Optometrist.
  - d. Karen Murray, Doctor of Optometry.
  
8. By law, a certificate of licensure for an optometrist
  - a. does not have to be displayed.
  - b. must be kept on file in the office personnel files.
  - c. does not have to contain any notification of any limitation.
  - d. shall be displayed in a prominent place visible to the public.

9. Which of the following shall be considered board-approved continuing education?
- a. COPE approved programs
  - b. Courses or programs from approved optometry schools
  - c. Continuing education programs that have been granted approval by another state board of optometry.
  - d. All of the above
10. An optometrist who has DPA/TPA certification may administer certain prescription drugs in the management of patients who
- a. need a dilated fundus examination.
  - b. require Schedule 4 pain medication.
  - c. have chronic open-angle glaucoma.
  - d. all of the above
11. In Michigan, the scope of practice for optometrists is determined by
- a. Michigan state law.
  - b. the Michigan Board of Optometry.
  - c. the Michigan Optometric Association.
  - d. the Department of Licensing and Regulatory Affairs.
12. In order for an optometrist to receive continuing education credits, all continuing education programs **MUST**
- a. be held in the state of Michigan.
  - b. assess the competency of those in attendance.
  - c. be sponsored by the Michigan Optometric Association.
  - d. be approved by the Michigan Board of Optometry.
13. A name or address change for a licensed optometrist must be reported to the Michigan Board of Optometry, not more than \_\_\_\_\_ days after it occurs.
- a. 10
  - b. 30
  - c. 60
  - d. 90

14. An emergency treatment plan
- requires that the optometrist refer a patient to at least two physicians or clinics for emergency treatment.
  - is used to refer patients who present with a medical condition that is not within the optometrist's scope of practice.
  - must be approved by the Board of Optometry in order to become certified to administer topical ocular diagnostic or therapeutic pharmaceutical agents.
  - must be submitted to the Board of Optometry within one year after the DPA/TPA certificates are issued.
15. Sanctions may be levied against an optometrist for which of the following situations?
- Substance abuse
  - Physical inability to practice in a safe manner
  - Prescribing drugs for other than optometric treatment purposes
  - All of the above are correct
16. How many total hours of continuing education credits are required to renew an optometrist's license in Michigan?
- 12 hours within 1 year
  - 30 hours within 2 years
  - 40 hours within 2 years
  - 50 hours within 3 years
17. The emergency treatment plan for management and referral of patients who experience adverse drug reactions requires an optometrist to
- routinely advise each patient to immediately contact the optometrist if the patient experiences an adverse drug reaction.
  - refer patients who notify the optometrist of an adverse drug reaction to appropriate medical specialists or facilities.
  - place information in the patient's permanent record that describes any adverse drug reaction and the date and time that any referral was made.
  - all of the above

18. Which of the following statements is true? A licensed optometrist
- a. must report to the Health Practitioner Recovery Program (HPRP) any licensed health care professional that they believe is impaired.
  - b. is liable in a civil action for damages resulting from failure to report to the HPRP any licensed health care professional that they believe is impaired.
  - c. is only required to report a licensed health professional that they believe is impaired to the HPRP if the health professional is also a licensed optometrist.
  - d. who fails to report any licensed health care professional that they believe is impaired to the HPRP is not subject to any administrative disciplinary action.
19. The ultimate purpose of the Michigan Board of Optometry is to
- a. collect licensing fees.
  - b. protect the public's health, safety and welfare.
  - c. meet with members of other health care professions.
  - d. report occupational infractions to the Bureau of Health Professions.
20. In order to renew a Michigan optometrist license, an optometrist who is DPA/TPA certified must obtain how many hours of continuing education credits specifically in pharmacological management of ocular conditions?
- a. 10
  - b. 12
  - c. 15
  - d. 20
21. While treating a patient, an employed optometrist is
- a. solely liable for any act of negligence.
  - b. concurrently liable with the employer for any act of negligence.
  - c. completely relieved from responsibility for any act of negligence.
  - d. automatically insured against any liability for any act of negligence.

22. An optometrist may receive a maximum of how many hours in board approved continuing education relating to self-evaluation journal tests and multimedia and online education?
- a. 10
  - b. 18
  - c. 20
  - d. 24
23. Patient records must contain which of the following?
- a. The name of the examining optometrist.
  - b. The chief complaint or reason for the examination.
  - c. The management disposition.
  - d. All of the above
24. A person who practices optometry under a suspended, revoked, or fraudulently obtained license, or outside the provisions of a limited license, or uses the license of another person as his or her own is guilty of
- a. a felony.
  - b. malpractice.
  - c. a misdemeanor.
  - d. impersonation.
25. An optometrist shall retain documentation of meeting continuing education requirements for \_\_\_\_\_ years from the date of applying for license renewal.
- a. 2
  - b. 4
  - c. 5
  - d. 7
26. An optometrist may receive a maximum of how many hours of approved continuing education relating to practice management?
- a. 4
  - b. 9
  - c. 12
  - d. 15

27. Which of the following is an invasive procedure that an optometrist is prohibited from performing in Michigan?
- a. The use of therapeutic ultrasound
  - b. The use of lasers other than for observation
  - c. The administration of medication by injection
  - d. All of the above
28. An optometrist who has had a license revoked may
- a. not practice optometry.
  - b. practice only in a state hospital.
  - c. may apply for reinstatement after one year.
  - d. practice optometry under the direct supervision of another optometrist.
29. An employee under the direct supervision of an optometrist performs negligent treatment. In this situation, which of the following statements is **TRUE**?
- a. The employee is not responsible.
  - b. The supervising optometrist is not responsible.
  - c. The supervising optometrist is liable for sanction.
  - d. No disciplinary action can be taken in this situation.
30. According to the Michigan Public Health Code, a licensed optometrist can delegate certain tasks to an unlicensed individual. Tasks that can be delegated include
- a. the responsibility of writing a prescription.
  - b. selected tasks performed under the licensed optometrist's supervision.
  - c. tasks that allow the unlicensed individual to work independently without supervision.
  - d. tasks that demand the same level of education, skill and judgment as required of a licensed optometrist.

31. An optometrist whose license has been lapsed (not active or renewed) for less than three years may be re-licensed by
- a. submission of the appropriate application and fees.
  - b. taking and passing the Board's jurisprudence examination.
  - c. submission of 40 hours of board-approved continuing education that were earned in the 2 years prior to the date of the application.
  - d. both a and c are correct.
32. Dr. Watson is an optometrist who was first licensed in Michigan in July 2007. The first date he had to renew his license was June 30, 2008. Between July 2007 and June 30, 2008, Dr. Watson needed to accumulate \_\_\_\_\_ hours of continuing education in order to renew his license for the first time.
- a. 0
  - b. 6
  - c. 12
  - d. 18

**I certify that the answers provided on this examination are mine alone. Due to the confidential nature of this examination, I will not copy or retain examination questions, or transmit them in any form to any other person.**

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**Signature of Applicant**

**Date**