



**SD Board of Examiners in Optometry**  
PO Box 513, Wall, SD 57790  
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**Phone:** 605-279-2244  
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### SURGICAL/OPHTHALMOLOGIST OBSERVATION FORM

Name of Licensee: \_\_\_\_\_ License No.: \_\_\_\_\_

Name of Ophthalmologist: \_\_\_\_\_

Date of Observation: \_\_\_\_\_ Time of Observation (Start to Finish): \_\_\_\_\_

**20:50:08:02.01. Limits on self-directed learning.** No more than 15 hours of self-directed learning may be credited to an optometrist in a three-year period to fulfill continuing education requirements as follows:

(1) Surgical/ophthalmologist observation -- one hour credit for every two hours of observation, up to four hours credit. If the location of the observation being submitted for credit is the optometrist's regular office, the optometrist must provide evidence to the board that the subject of the observation is other than the optometrist's regular practice expertise. The optometrist must provide the board with documentation signed by the ophthalmologist evidencing the observation, including a summary detailing the type of observation and the educational goal and outcome of the observation on a form provided by the board;

#### SUMMARY OF TYPE OF OBSERVATION:



**EDUCATIONAL GOAL:**

**OUTCOME OF OBSERVATION (WHAT DID YOU LEARN?):**

Ophthalmologist Name (Printed): \_\_\_\_\_

Ophthalmologist Name (Signed): \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this document, I hereby certify and declare that the information provided is true and correct. I understand that knowingly providing false information in this document may be grounds for disciplinary action against my optometric license.**

Licensee Name (Printed): \_\_\_\_\_

Licensee Name (Signed): \_\_\_\_\_ Date: \_\_\_\_\_