



SD Board of Examiners in Optometry
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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 nine hours of self-directed learning may be credited to a licensee in a three-year period to fulfill continuing education requirements. The number of credit hours is limited for each self-directed learning category 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, evidence must be provided to the board that the subject of the observation is other than the optometrist's regular practice expertise. The board must be provided 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: _____