SD Board of Examiners in Optometry
13537 Dark Timber Ct., Piedmont, SD 57769
Email: sdoptboard@outlook.com
Phone: 605-279-2244
Web: http://optometry.sd.gov

APPLICATION FOR PERFORMANCE OF A SELECTIVE LASER TRABECULOPLASTY CERTIFICATION (LAS-T)
Application Processing Fee: $100

Effective July 1, 2024, South Dakota optometrists may perform the advanced procedures as outlined in 36-7-1(9). Until this application has been approved, your current license does not authorize you to practice these procedures in an unsupervised setting. Completion of this application indicates that you intend to provide evidence of competency in the following procedure and no other:

- Performance of a Selective Laser Trabeculoplasty **(LAS-T)**

The following procedures require a separate application from this one:

- Intradermal Injection of a Paralytic Agent **(INJ-PA)**
- Intralesional Injection of a Steroid to Treat a Chalazion **(INJ-S)**
- Use of Local Anesthetic in Conjunction with the Primary Removal of a Pedunculated Skin Tag **(ST)**
- Performance of a Posterior Capsulotomy using an Yttrium Aluminum Garnet Laser **(LAS-YAG)**

Please Note: All applications can be found on the Board's website. If any sections of this application are incomplete, it will not be processed for approval and will be returned to the applicant.

Requirements for Advanced Procedure Competency

- Completion of a course at least 32 hours in duration that includes the content set forth in 36-7-1 that has been approved by the Board. A list of approved courses may be found on the Board's website. Completion of this course is required; however, it may be submitted separately from this application and used to meet license renewal continuing education requirements. **This step must be completed prior performing procedures to demonstrate competency.**

- **AFTER** completion of the approved course, demonstration of competency under the presence and direct supervision of an ophthalmologist licensed in this state, or in the presence and under the direct supervision of an optometrist licensed in this state with an AP designation associated with their license. This application applies only to the following procedure:

  - Performance of a Selective Laser Trabeculoplasty: 5 Human Eyes

Instructions:

1) Complete an advanced procedures course approved by the Board and submit verification.

   Please Note: You may not begin these procedures to demonstrate competency prior to submitting verification of completion of the approved advanced procedures course to the Board.

2) Work with a qualified, supervising optometrist or ophthalmologist to demonstrate the competencies listed above. **Applicant and supervisor must be physically in the same location to prove demonstration of competency.**

3) Give the form found on page 4-5 of the application to the supervising ophthalmologist or qualified optometrist. Please do not submit this form until it is complete. Upon completion, it may be emailed or mailed to the Board directly from the applicant or supervising ophthalmologist or optometrist.

4) Upon completion of the course and procedure competency, the applicant will submit the completed, notarized application to the Board with a $100 application processing fee. If an application is determined to be incomplete, the application and payment will be returned to the applicant.

MUST BE COMPLETED BY APPLICANT

Name: _____ License Number: _____

Telephone: _____ Email Address: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

- Have you completed a course at least 32 hours in duration that includes the content set forth in 36-7-1 that has been approved by the Board? ☐ Yes ☐ No

- Please check one:

  ☐ I have already submitted certification of this course to the Board.

  ☐ I will be including certification of this course with this application.

- Have you verified that the individual(s) supervising your competency in these advanced procedures is either an ophthalmologist licensed in South Dakota or an optometrist licensed in South Dakota and is authorized by this Board to supervise the procedure for which you have applied? **(This optometrist will have an AP designation associated with their license number on the verification page of the Board's website, which is the highest level of licensure in this state.)**
  ☐ Yes ☐ No

- Have you graduated from optometry school prior to July 1, 2024. ☐ Yes ☐ No
  ***If yes, you may skip the section in the box below.**

MUST BE COMPLETED BY APPLICANTS WHO GRADUATED OPTOMETRY SCHOOL AFTER JULY 1, 2024

Any applicant who graduated optometry school after July 1, 2024, is required to submit certification of a passing score on the Laser and Surgical Procedures Examination (LSPE) offered by the National Board of Examiners in Optometry (NBEO) in addition to the requirements listed previously in this application.

- Have you submitted verification to the Board to demonstrate passing of the LSPE portion of the NBEO? ☐ Yes ☐ No

Please Note: If you answered no to this question, your application will be considered incomplete and returned to you.

I hereby authorize the South Dakota Board of Examiners in Optometry to verify any and all information contained in this application. I authorize the South Dakota Board of Examiners in Optometry to obtain and review any and all records and files pertaining to my licensure and practice in this state to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Optometry in South Dakota. I will not practice this procedure until I have confirmation of a completed application and designation of "LAS-T" associated with my SD Optometry license.

Signature of Applicant: (To be signed in the presence of a notary public)

_____ Date: _____

APPLICATION MUST BE NOTARIZED

Printed Name of Notary Public: _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My commission expires: _____

SEAL

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PERFORMANCE OF A SELECTIVE LASTER TRABECULOPLASTY DEMONSTRATION OF COMPETENCY

Name of Applicant: _____ License #: _____

Please Note: You may not begin this procedure to demonstrate competency prior to submitting verification of completion of the approved advanced procedures course to the Board. Applicant and supervisor must be physically in the same location to prove demonstration of competency.

Effective July 1, 2024, South Dakota optometrists may perform the advanced procedures as outlined in 36-7-1(9). The requirements for licensing in these advanced procedures include demonstration of competency under the presence and direct supervision by:

1) An ophthalmologist licensed in South Dakota or
2) An optometrist licensed in South Dakota and authorized by this Board to perform all of the advanced procedures set forth in this document. Because they have completed all procedures, they will have an "AP" designation associated with their license.

*Professionals meeting the qualifications above will further be referenced as "supervisors".

Supervisors will sign only on the sections in which they observed completion. By signing this form on behalf of the applicant listed above, you are indicating that you meet these qualifications to observe the applicant's demonstration of competency in the following procedure:

- Performance of a Selective Laser Trabeculoplasty **(LAS-T)**

You are further indicating that by your signature, under penalty of perjury, you certify that the foregoing information is true and correct. That you personally witnessed the designated procedures performed by the above-named applicant and understand that falsely reporting such supervision may be grounds for disciplinary action. Applicants and supervisors must be physically present at the same location as the procedures are conducted.

Upon submission of this completed form, qualifications of "supervisors" will be verified with respective licensing boards.

CERTIFYING STATEMENT TO BE SIGNED BY SUPERVISING OPHTHALMOLOGIST OR OPTOMETRIST:

"I certify that I observed the applicant demonstrate competency in gonioscopy prior to their demonstration of competency in Selective Laser Trabeculoplasty."

Signed: _____

Printed: _____

PROCEDURE			
Performance of a Selective Laser Trabeculoplasty			
Requirement: 5 Human Eyes			
	Supervisor (Printed Name)	**Supervisor (Signature)**	**Date**
EYE 1			
EYE 2			
EYE 3			
EYE 4			
EYE 5			

Upon completion of the final procedure, the final supervisor or applicant shall return, via postal mail or email, this form directly to the Board:

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