

IDAHO STATE BOARD OF OPTOMETRY
APPLICATION FOR LICENSURE
(continued)

10. PRACTICE HISTORY: List your optometric practice history including employers' names, addresses, phone numbers and dates of practice for the previous four (4) or more years.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: ____/____/____ TO: ____/____/____
month day year month day year

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: ____/____/____ TO: ____/____/____
month day year month day year

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: ____/____/____ TO: ____/____/____
month day year month day year

(If more space is needed, attach a separate sheet of paper)

11. Have you ever had a professional or occupational license suspended, revoked, or otherwise sanctioned? () Yes () No
(If Yes, a copy of the findings of fact and final order must be received by the Board before your application will be processed)

12. Have you ever been convicted of any State or Federal felony? () Yes () No
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached)

13. PHOTOGRAPH: Please attach a passport style photograph, taken within one (1) year prior to the date of this application.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

(continued)

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14. CERTIFICATE TO OBTAIN & USE THERAPEUTIC PHARMACEUTICAL AGENTS.

Do you wish to obtain a certificate to obtain & use pharmaceutical agents?

Yes No

If Yes, the Board must receive the following:

- A copy of your current Cardiopulmonary Resuscitation (CPR) card showing the issue and expiration dates;
- A certified copy of your Treatment and Management of Ocular Diseases (TMOD) test results.
- An additional \$10.00 fee.

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Optometry. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature
my commission expires _____

IDAHO BOARD OF OPTOMETRY

This is the “Open Book Test (Examination)” which tests your knowledge of the Board’s laws and rules. You must complete the test and submit it with your completed application for Idaho licensure as an Optometrist. You can access Idaho’s laws and rules on our website at www.ibol.idaho.gov or at the Board’s office. Answers to all questions may be found by reading the laws and rules. There is only one correct answer per question.

Should you have questions regarding the application or examination, please contact The Bureau of Occupational Licenses at (208) 334-3233 or opt@ibol.idaho.gov.

Print your name _____

OPEN BOOK EXAMINATION

1. How many hours of continuing education are needed at the time of renewal to maintain an Idaho optometric license with therapeutic privileges?

- a. 6
- b. 12
- c. 18
- d. 24
- e. 30

2. How many hours of continued education must include ocular pharmacology and/or advanced ocular disease to maintain an Idaho optometric license with therapeutic privileges?

- a. 4
- b. 6
- c. 8
- d. 10
- e. 12

3. Which of the following is not considered an unprofessional action by an Idaho optometrist?

- a. To use either “Cappers” or “Steerers” or accept a split or divided fee for the purpose of obtaining patients.
- b. To permit the use of his name or professional title in conjunction with any person not an optometrist, or any firm, company, corporation or military association which illegally practices or in any manner holds himself or itself out to the public as being entitled to practice the profession of optometry when not licensed to do so under the law of Idaho.
- c. To perform vision screening in schools or other settings outside of a professional office.
- d. To make any agreement whereby a supplier of ophthalmic material shall provide office space for an optometrist.
- e. To make any arrangement whereby a supplier of ophthalmic materials shall pay for the advertising of an optometrist.

(continued)

IDAHO STATE BOARD OF OPTOMETRY
OPEN BOOK EXAMINATION
(continued)

4. Which of the following is not an example of gross incompetence?

- a. Failure to provide follow-up care according to prevailing standards.
- b. Failure to advise a patient of possible danger when a glass lens cracks upon adjusting a frame.
- c. Failure to release a contact lens prescription to a patient.
- d. Failure to perform proper disinfection techniques.
- e. All of the above are examples of gross incompetence.

5. What is the standard prescription expiration date for spectacles?

- a. At least two (2) years from date the prescription was originally issued.
- b. At least one (1) year from date the prescription was originally issued.
- c. At least ninety (90) days from date the prescription was originally issued.
- d. The prescription expiration date is at the discretion of the optometrist.

6. What is the standard prescription expiration date for contact lenses?

- a. At least two (2) years from date the prescription was originally issued.
- b. At least one (1) year from date the prescription was originally issued.
- c. At least one (1) year from date the prescription was originally issued, but a shorter prescription period may be allowed when based upon a documented medical condition.
- d. At least ninety (90) days from date the prescription was originally issued.
- e. The prescription expiration date is at the discretion of the optometrist.

7. Which of the following is not true regarding the maintenance of patient records?

- a. Every optometrist practicing in the state of Idaho shall keep a complete record of all patients examined by him or her for whom they have adapted optical accessories.
- b. All such records shall be maintained in an orderly and accessible manner and place.
- c. All such records shall be maintained for at least five (5) years following the optometrist's last professional contact with the patient.
- d. The prescription files are the sole property of the entity where the physician is employed.
- e. Failure to maintain such records is deemed to be unprofessional conduct and constitutes gross incompetence in the handling of the patient's affairs.

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IDAHO STATE BOARD OF OPTOMETRY
OPEN BOOK EXAMINATION
(continued)

8. Which of the following statements is true regarding pharmaceutical agents?

- a. Each optometrist certified to obtain and use topically applied pharmaceutical agents shall also have completed a refresher course in cardiopulmonary resuscitation (CPR) within a two (2) year period preceding issuance of the certificate by the Board of Optometry.
- b. Optometrists must obtain a certificate from the Board of Optometry authorizing them to prescribe, administer and dispense therapeutic pharmaceutical agents.
- c. An optometrist can prescribe all medications for use in the treatment of the human eye and/or eyelid, all over-the-counter agents and such other therapeutic pharmaceutical agents as approved by the Board of Optometry.
- d. All of these statements are true.

9. Which of the following statements regarding the Board of Optometry is inaccurate?

- a. The Idaho State Board of Optometry consists of five members.
- b. Each member serves a term of five years.
- c. Members are elected by optometrists in their respective districts.
- d. Each member has practiced in Idaho for at least five years.
- e. All fees paid to the Bureau of Occupational Licenses fund all costs and expenses incurred by the Idaho State Board of Optometry.

10. Which of the following is not a duty of the Idaho State Board of Optometry (ISBO)?

- a. The ISBO defines rules to examine and determine credentials needed for an applicant to become an Idaho optometrist.
- b. The ISBO defines rules governing the minimum amount and type of continued education is required for an optometrist in Idaho.
- c. The ISBO defines rules and regulations prescribing a code of ethics and standards of professional conduct in the practice of Idaho optometry.
- d. The ISBO defines rules and regulations regarding any advertising by an optometrist licensed in Idaho.
- e. The ISBO interprets Idaho law on behalf of an optometrist.