



OPTOMETRIC INJECTION FORMS

West Virginia Board of Optometry

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179 Summers Street, Suite 231, Charleston, WV Phone: 304-558-5901

§14-11 Injectable Pharmaceutical Agents Certificate

Optometric Injection Forms

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A Summary for Injection Forms

The law to allow optometrists to administer injections was passed in the 2010 Legislative Session as a part of the revision of the Optometric Practice Act, W. Va. Code §30-8. The section granting the privilege to perform injections of epinephrine and giving the Board authority to add additional agents for injection is W. Va. Code, §30-8-15. The Board's new rule, W. Va. Code of State Rules, §14-11, Injectable Pharmaceutical Agents Certificate, was passed during the 2011 Legislative Session.

The rule became effective 11/1/11. New injections added are to be administered for treatment of the human eye and its appendages which includes the eyelids, the eye brows, the conjunctiva and the lacrimal apparatus. Injections directly into the globe of the eye, retrobulbar and peribulbar injections are prohibited.

The Board has authorized intramuscular, intravenous, subcutaneous, and subconjunctival injections for those who possess an injection certificate. Agents permitted are those pharmaceuticals that optometrists have been authorized to prescribe previously either topically or orally that would be appropriate for injection. Current classes of oral drugs permitted in rule §14-2 include antibiotics, non-steroidal anti-inflammatory drugs, carbonic anhydrase inhibitors, antihistamines, corticosteroids, analgesics and nutritional supplements. New drugs and new drug indications may be added by a decision of the Board.

The rule requires an optometrist to have oral pharmaceutical prescriptive authority prior to application for a certificate. The applicant must be pre-certified to take the Board approved training for injection certification. Licensees who graduated from optometry school prior to 2011 must complete twenty (20) hours of continuing education in injections and intraocular and systemic pharmacology or therapeutics within five (5) years prior to taking the Board approved training for injection certification. At least five (5) of those continuing education hours must be taken in injections and their administration. Once pre-certified, the licensee may take Board approved training for injection certification. This training will include supervised hands-on training on human subjects with written and injection proficiency examinations. The applicant must also present a current card from the Red Cross or American Heart Association in basic life support.

Licensees who have graduated from an accredited optometry school in 2011 or thereafter and who have taken and passed the injection portion of the National Board Examination meet education and training requirements for basic injection administrative authority (intramuscular and intravenous injections). Additional types of injections will require completion of the Board approved training in injection certification. A current card from the Red Cross or American Heart association in basic life support is required.

The rule also outlines requirements regarding reporting of injections to a primary care provider, a log book to be maintained on injections administered and adverse reaction reporting.

The following pages include applications and reporting forms. The first step is to send in the Precertification Form to the Board and to contact the WVAOP to enroll for the training. Their phone number is 304-720-8262.

WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231, Charleston, WV 25301 Phone: 304-558-5901

Office Use Only	
Board Approval	_____
Date of Approval	_____
Audit Completed	_____

Precertification for Board Approved Injection Certification Training

Please type or print clearly. Do not leave any sections blank.

Applicant's Name _____
(Last) (First) (Middle) (Suffix)

Office Address _____

City: _____ State _____ Zip _____ County _____

E-mail Address _____ Office Phone Number _____

License Number _____

Date _____ OE Tracker Number _____

Required Training to Qualify to Take Board Approved Injection Training

You must complete Twenty (20) hours of continuing education in injections and their administration and intraocular and systemic pharmacology or therapeutics prior to taking Board approved training for injection certification. These twenty (20) hours must have been completed within five (5) years prior to the date of the Board approved injection certification training. A minimum of five (5) of the twenty (20) hours must be taken in injections and their administration.

Those licensees who have graduated from an optometry school accredited by the Accreditation Council on Optometric Education within five (5) years of taking Board approved injection certification training may use courses taken in optometry school, provided, that the same requirement for content of those courses have been met.

Proof of Required Education Hours

You will be required to make a sworn certified statement before a notary public to affirm that you have completed the required twenty (20) hours of education within five (5) years prior to the date of taking Board approved injection certification training. These hours of training may be audited by the Board. If approved proof of completion of the required education cannot be obtained upon audit the Board may take disciplinary action to include, but is not limited to, censure, refusal to renew a license, suspension of a license, revocation of a license and imposition of probationary conditions.

Sworn Affidavit

This application is incomplete and will not be approved unless the attached affidavit on page 2 is sworn and certified in person before a notary public.

Affidavit

I, _____, being first duly sworn, depose and say that I have completed the required twenty (20) hours of education in injections and their administration and intraocular and systemic pharmacology or therapeutics including a minimum of five (5) hours in injections and their administration in order to qualify to take Board approved training in injections and their administration.

I hereby request and authorize all institutions or organizations to release to the West Virginia Board of Optometry any information or records required by the Board regarding my clinical ability, education and training. A copy of this Affidavit shall have the same force and effect as the original.

I declare that the statements made by me in this application are true and correct. I understand that my education hours may be audited requiring proof of the required twenty hours of education. I agree that any falsification, omission or withholding of information concerning my qualifications as an applicant shall be sufficient grounds for disciplinary action which may be taken by the Board.

Before me, the undersigned authority, on this day personally appeared _____.
Who after being duly sworn by me on his or her oath that all facts, statements and answers contained in this application and true and correct in every respect.

Applicant's Signature (Signed in Presence of Notary)

Sworn and subscribed to before me this _____ day of _____, 20 _____, to certify which witness my hand and official seal of office.

Notary Public

My Commission Expires: _____

I declare that the statements made by me in this application are true and correct. I agree that any falsification, omission or withholding of information concerning my qualifications as an applicant shall be sufficient grounds for disciplinary action which may be taken by the Board.

I have read, understand and will comply with the requirements of West Virginia Code, §30-8-15 and West Virginia State Code of Rules, §14-11.

Before me, the undersigned authority, on this day personally appeared _____.
Who after being duly sworn by me on his or her oath that all facts, statements and answers contained in this application and true and correct in every respect.

Applicant's Signature (Signed in Presence of Notary)

Sworn and subscribed to before me this _____ day of _____, 20 _____, to certify which witness my hand and official seal of office.

Notary Public

My Commission Expires: _____

WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231, Charleston, WV 25301 Phone: 304-558-5901

Optometrist's Office Use Date of report _____ Method of report (fax, phone call, mail) _____
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Injection Report to Primary Care Provider

Patient's Name _____
(Last) (First) (Middle) (Suffix)

Patient's Date of Birth _____

Administering Optometrist _____

Office Address _____

City: _____ **State** _____ **Zip** _____ **Phone No.** _____

Date of Treatment _____

Diagnosis _____

Injection Performed with Pharmaceutical Agent _____

Expected Result of Injection _____

Adverse Reaction _____

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Injection Report to Patient

This report form is given to the patient for one of two reasons: either the patient refused to give permission to the optometrist to report the injection to his/her primary care provider or the patient does not currently have a primary care provider.

Please give this report to your current primary care physician or any primary care provider you would choose to see in the future.

Patient's Name _____
(Last) (First) (Middle) (Suffix)

Patient's Date of Birth _____

Administering Optometrist _____

Office Address _____

City: _____ **State** _____ **Zip** _____ **Phone No.** _____

Date of Treatment _____

Diagnosis _____

Injection Performed with Pharmaceutical Agent _____

Expected Result of Injection _____

Adverse Reaction _____

Patient Signature

Date

Optometrist Injection Log Sheet

	Patient Information	Diagnosis	Medication, Dosage	Type/Site	Date and Admin By	Trt Guide	PCP notified
	initials, age, gender, race	Code				Check	Date and Method
1							
2							
3							
4							
5							
6							
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Adverse Reaction to Injection Report

Licensee's Name _____ **License No.** _____

Patient's Initials _____ **DOB** _____

Date of Injection Administration _____ **Agent Injected** _____

Concentration and Dose of Agent Injected _____

Method of Injection Administration (sub-conjunctival, subcutaneous, intra-dermal, intramuscular, IV)

Site of Injection (lid, sub-conjunctival, intra-lesional, non-ocular region). _____

Diagnosis (reason for injection) _____

Adverse reaction (Describe signs and symptoms outside expected outcome and diagnosis of response).

Treatment Given following reaction _____

Length of Time observed before dismissing patient _____

Symptoms Resolved before patient dismissed: **Yes** _____ **No** _____

Results of Follow-up visit or call to patient _____

Final report of patient condition and disposition _____

Notes comments pertinent to case not included in report _____

Signature

Date