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**TO: CHAIRMAN MINARD AND CHAIRMAN BROWN  
THE LEGISLATIVE RULE-MAKING COMMITTEE**

**FROM: THE WEST VIRGINIA BOARD OF OPTOMETRY**

**SUBJECT: RESPONSE TO PUBLIC COMMENTS**

**DATE: 8/3/2010**

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On May 27 and 28, 2010, the West Virginia Board of Optometry (hereinafter “Board”) filed proposed legislative rules with the Secretary of State’s office. In accordance with appropriate laws, the Board held a public comment period for each of the proposed rules which concluded on July 26, 2010 at noon. The Board has carefully considered all comments received and prepared the following response which will address the comments by rule. Some comments may be paraphrased as many were redundant; however, copies of all received comments are included in this packet as required by law.

**14CSR1 RULES OF THE WEST VIRGINIA BOARD OF OPTOMETRY**

**COMMENT: WHY IS THE BOARD USING ANNUAL RENEWAL?**

The Board has opted to change to annual renewal because doing so eases compliance with W. Va. Code §30-1-10.

**14CSR2 ORAL PHARMACEUTICAL CERTIFICATE**

**COMMENT(S): THE LEGISLATURE DID NOT INTEND FOR THE EXPANSION OF THE ORAL FORMULARY.**

The Board received sixteen (16) comments suggesting that 14CSR2, as proposed, goes beyond legislative intent when passing Senate Bill 230. It is the Board’s position that such an assertion is incorrect and that the legislative intent was expressed in Enrolled Senate Bill 230, subsequently signed into law by the Governor. West Virginia Code §30-8-9(a)(3) states, in pertinent part, that the scope of practice of an optometrist includes the ability to:

“(A) Administer or prescribe any drug from the drug formulary, as established by the board pursuant to section six of this article, for use in the examination, diagnosis or treatment of diseases and conditions of the

human eye and its appendages: *Provided*, That the licensee has first obtained a certificate;  
(B) New drugs and new drug indications may be added to the drug formulary by approval of the board[.]”

West Virginia Code §30-8-14(a) further provides that:

(a) A licensee may prescribe: (1) topical pharmaceutical agents, (2) oral pharmaceutical agents that are included in the drug formulary established by the board pursuant to section six of this article or new drugs or new drug indications added by a decision of the board, and (3) contact lenses that contain and deliver pharmaceutical agents that have been approved by the Food and Drug Administration as a drug.

It is for those reasons that the Board respectfully submits that 14CSR2 as proposed is within the legislative intent of West Virginia Code §30-8-1 *et seq.*

**COMMENT(S): WHAT IS THE DEFINITION OF “APPENDAGES?”**

The term “appendages” was defined by the legislature in West Virginia Code §30-8-3(a).

**COMMENT(S): PLEASE CLARIFY THE LANGUAGE IN 14CSR2-6.6.2H THE NEW DRUGS AND NEW DRUG INDICATIONS SECTION.**

In reviewing this comment, the Board has amended the proposed rule to clarify the language in 14CSR2-6.6.2.h. The language previously submitted stated:

*6.2.h. New drugs or new drug indications from Schedules III, IV and V of the Uniform Controlled Substances Act, regardless of their listed categories, which have been shown to effective in the treatment and management of abnormalities of the eye or its appendages may be approved by the Board according to the provisions of W. Va. Code §§30-8-9 and 30-8-14.*

This language has been amended and additional language has been added which now states:

*6.2.h. New drugs or new drug indications from Schedules III, IV and V of the Uniform Controlled Substances Act which, regardless of their listed classification, have been shown to be effective in the treatment and management of the eye or its appendages may be approved by the Board according to the provisions of W. Va. Code §§30-8-9 and 30-8-14.*

6.2.i. *A list of approved new drugs and new drug indications proven to be shown to be effective in the treatment of the eye and its appendages will be maintained by the Board for public inspection.*

6.2.j. *The approval of Schedule I and Schedule II narcotics is prohibited.*

In addition to that language, the Board has proposed two additional sections to further clarify this process, which read as follows:

***§14-2-7. New Drug Approval.***

7.1. *The addition of new drugs or drug indications by the Board as cited in subsection 6.2 of this rule may be based on any of the following criteria:*

7.1.a. *A new or existing drug has been approved by the Food and Drug Administration for the treatment of the eye or its appendages.*

7.1.b. *A new drug or new drug indication has gained accepted use in the eye care field. Such acceptance may be indicated by its inclusion in the curriculum of an optometry school accredited by the Accreditation Council on Optometric Education or its successor approved by the U.S. Department of Education or approved post-graduate continuing education, through peer-reviewed, evidence-based research and professional journal articles, or by inclusion in established standards of practice and care published by professional organizations.*

**COMMENT(S): DID THE BOARD MEAN THAT OPTOMETRISTS COULD SELL DRUGS FOR INJECTION AT RETAIL?**

The Board did not intend for any pharmaceuticals, oral, topical or injection, to be sold at retail with the language proposed in 14CSR2.7.1.a & b. An amendment to that proposed rule has been made to better clarify this issue. 14CSR2.7.1.a & b as submitted for public comment provided that:

7.1.a. *Nothing in this section or in any other provision of law prohibits a licensee who is certified under the provisions of this rule from administering or supplying oral or topical pharmaceutical agents to a patient, without charge for the pharmaceutical agents, to initiate appropriate treatment.*

7.1.b. *Nothing within this rule or the W. Va. Code prohibits the direct sale to the patient of pharmaceuticals by injection or contact lenses that deliver pharmaceutical agents that have been approved by the Food and Drug Administration as a drug.*

The amended language, located in what is now 14CSR2-9.1.a & b, and provides that:

*9.1.a. Nothing in this section or in any other provision of law prohibits a licensee who is properly certified under the provisions of this rule from administering or supplying oral or topical pharmaceutical agents to a patient, to initiate appropriate treatment. An optometrist may also pass on to the patient a charge for any medications provided to initiate treatment which reflects only the actual amount paid by the optometrist for the agents. In no event shall an optometrist increase the cost of the pharmaceutical agent beyond the wholesale cost of that medication.*

*9.1.b. Nothing within this rule or the W. Va. Code prohibits the administration of pharmaceuticals by injection to a patient by a certified licensee for a reasonable charge or the dispensing of contact lenses that deliver pharmaceutical agents, provided, there is no mark up on the cost of the pharmaceutical agents provided in the injection or in the contact lenses that deliver pharmaceutical agents. Nothing in this rule shall prohibit a properly certified optometrist from charging a usual and customary fee for performing the injection or fitting the contact lenses that deliver pharmaceutical agents.*

The Board is confident that these changes adequately clarifies its intention to permit properly certified licensees to utilize appropriate oral, topical and injection medications, and medicated contact lenses and to have the ability to be compensated for the wholesale cost of any medications and, in the case of injections and medicated contact lenses, be compensated a customary fee for services rendered.

**COMMENT(S): THE W. VA. CODE §30-8-15 DOES NOT AUTHORIZE THE DISPENSATION OF PHARMACEUTICALS BY INJECTION, ONLY THE ADMINISTRATION OF PHARMACEUTICALS BY INJECTION.**

The Board has submitted amendments addressing this comment, please see previous response.

**COMMENT: WILL THE BOARD PUT LIMITS ON LENGTH OF USE OF THE NEW DRUGS ADDED BY THE BOARD?**

As addressed above, the Board has amended the language 14CSR2-6.2.i requiring the Board to maintain a list at the board office of any new drug or new drug application that has been shown to be effective in the treatment of the eye or its appendages. By law those drugs will be limited for that purpose and the dosing and duration will be subject to those limitations.

**COMMENT(S): WHERE WILL OPTOMETRISTS GET ADDITIONAL TRAINING FOR THE NEW DRUGS ADDED TO THE FORMULARY BY THE BOARD?**

The Board has amended 14CSR2 to include language regarding the training for new drugs and/or new drug indications that are approved by the Board. This language states:

***§14-2-8. Education and Training on the Use of New Drugs and New Drug Indications.***

*8.1. Additional education and training may be required by the Board as it deems appropriate when it adds new drugs or new drug indications.*

*8.2 This training may be provided through an accredited optometry school or approved post-graduate training.*

*8.3 A list of Board required training for new drugs or new drug indications will be maintained by the Board for public inspection.*

**COMMENT(S): WILL THE BOARD REQUIRE COLLABORATION OR CONSULTATION WITH THE PATIENT'S PRIMARY CARE PHYSICIAN BEFORE PRESCRIBING ORAL MEDICATIONS?**

There is no requirement contained within state law requiring collaboration or consultation with a patient's primary care physician before prescribing oral medications; however, optometrists certified to prescribe oral medications are well versed in the systemic interactions of medications used for the eye and its appendages and, when appropriate, co-manage patients with other providers.

**COMMENT(S): THE ORAL FORMULARY IS ILLEGAL BECAUSE THE OPTOMETRIST CANNOT PRESCRIBE SYSTEMIC AGENTS THAT HAVE SYSTEMIC EFFECTS SUCH AS ORAL ANTIBIOTICS AND NONSTEROIDAL ANT-INFLAMMATORY DRUGS.**

Optometrists have had the ability, through legislation, to prescribe oral antibiotics and non-steroidal anti-inflammatory drugs since 1997.

**14CSR5 FEE SCHEDULE**

**COMMENT: THE BOARD HAS MADE A LARGE INCREASE IN YEARLY LICENSE FEES.**

After reviewing this comment, the Board is of the opinion that the commenter had misread the fee schedule citing one time certificate fees as annual fees. The increase in the license renewal fee is \$75 per year. This is a 23% increase. The Board currently administers licensure, monitoring and investigation of complaints received, disciplinary action, and compliance with all state regulations and financial requirements of a state

agency. The Board has governed four forms of licensure and permit. Senate Bill 230 authorized four new scope programs and three new types of permits.

### **14CSR10 CONTINUING EDUCATION**

#### **COMMENT: CAN THE CONTINUING EDUCATION REQUIREMENT CONTINUE TO BE FULFILLED EVERY TWO YEARS?**

The Board has taken this concern under consideration and has made an amendment to 14CSR1 and 14CSR10. The original language in 14CSR10-2.3 in the proposed rule stated that:

*The evidence shall show his or her attendance or time teaching continuing education as a Board approved instructor for a minimum of twenty (20) hours during the preceding year at educational optometric programs covering one or more of the subjects approved by the Board including the following requirements:*

- (a) a minimum of six (6) hours of study in pharmacology or therapeutics courses;*
- (b) a maximum of three (3) hours of study in practice management;*
- (c) a maximum of five (5) hours of optometric study may be taken by correspondence, or via the internet;*

This language has been amended and now reads as follows:

*The evidence shall show his or her attendance or time teaching continuing education as a Board approved instructor for a minimum of forty (40) hours for each two (2) year cycle beginning with the dates July 1, 2008 to June 30, 2010 at educational optometric programs covering one or more of the subjects approved by the Board including the following requirements:*

- (a) a minimum of twelve (12) hours of study in pharmacology or therapeutics courses;*
- (b) a maximum of six (6) hours of study in practice management;*
- (c) a maximum of ten (10) hours of optometric study may be taken by correspondence, or via the internet;*

#### **COMMENT: 14CSR10-2.3(E) ON BASIC LIFE SUPPORT DOES NOT COMPLY WITH THE W.VA. CODE**

The Board has taken this comment under consideration and has made an amendment to comply with §30-8-15(b)(3). The proposed amendment to 14CSR10-2.3(e) states:

*In addition to the above listed continuing education requirements, any licensee who has been granted an Injectable Pharmaceutical Agents Certificate shall obtain and maintain current certification from the American Red Cross, American Heart Association or their successor organizations in basic life support.*

The Board submits the amended language is in compliance with the newly enacted provisions of West Virginia Code § 30-8-1 *et seq.*

### **14CSR11 INJECTABLE PHARMACEUTICAL AGENTS CERTIFICATE**

**COMMENT(S): 14CSR11 VIOLATES THE INTENT OF THE LEGISLATURE. IT ONLY INTENDED EPINEPHRINE.**

The intent and will of the Legislature is expressed in Enrolled Senate Bill 230 signed into law by the Governor. Senate Bill 230 §30-8-15(b) says,

“(b) Additional pharmaceutical agents by injection may be included in the rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code. These rules shall provide, at a minimum, for the following:”

**COMMENT(S): THERE IS NO FORMULARY FOR PHARMACEUTICALS BY INJECTION.**

In response to the comment, the Board submits that West Virginia Code §30-8-15 does not require a formulary for pharmaceuticals administered by injection. The fact that the legislature refused to add a formulary for topical medications warrants mention. The legislature entrusted the Board with the sole authority to add to the oral formulary demonstrating a confidence in this Board’s ability to regulate the practice of optometry, including the utilization of pharmaceutical agents effective in the treatment and management of the eye and its appendages, regardless of route of administration, as mandated by law.

**COMMENT(S): 14CSR11-7.1.6 SAYS THAT NOTHING SHALL PERMIT A LICENSEE TO DELEGATE TO A NON-CERTIFIED OR NON-LICENSED CLINICIAN. THIS MAY BE INTERPRETED THAT AN OPTOMETRIST MAY DELEGATE TO A LICENSED CLINICIAN SUCH AS A REGISTERED NURSE.**

The intent of this proposed rule was to permit an optometrist properly certified to prescribe and administer injections, the ability to write orders for injections which a properly credentialed nurse may administer. This rule was not proposed to permit non-certified optometrists to prescribe an injection and delegate the administration of injections to someone who is certified to give injections. The Board submits the following language to as clarification of this issue:

***§14-11-9. Delegation.***

*9.1. Nothing in this rule or W. Va. Code shall permit a licensee who has not been certified to administer injections of pharmaceutical agents by the Board to delegate to any individual the administration of pharmaceutical agents through injection.*

**COMMENT(S): 14CSR11 DOES NOT INCLUDE THE STATUTORY PROVISION RESTRICTING OPTOMETRISTS FROM INJECTING INTO THE GLOBE OF THE EYE.**

Although the Board deems the restriction found in West Virginia Code §30-8-15 prohibiting optometrists from injecting into the globe of the eye as sufficient, the Board has taken this concern into consideration and has amended 14CSR11 to include the prohibition of injections into the globe in the rule.

**COMMENT(S): 14CSR11 DOES NOT PROVIDE SPECIFICS.**

While overly broad, the Board has considered this concern and has made amendments to the rule as it deemed appropriate. *See Agency Approved Rule for full proposed language.*

**COMMENT(S): INJECTION LOCATIONS AND TYPES ARE NOT LISTED.**

The Board has examined the rule and amended the bill include that use of pharmaceuticals by injection by licensees are those which are to be considered rational to the diagnosis and treatment of the human eye and its appendages as defined in West Virginia Code § 30-8-3(a). As with oral medications a list will be kept on file in the board office available for viewing by the public upon request listing and site or agent for which optometrists are certified to provide through accredited schools and colleges of optometry.

**COMMENT(S): THE REPORTING REQUIREMENTS ARE INADEQUATE.**

The Board has taken this concern under consideration and has made amendments to the bill to deal with this concern. Specifically the language of 14CSR11-6 states:

***§14-11-8. Reporting.***

*8.1. Each licensee who possesses a certificate to administer pharmaceutical agents by injection shall comply with the following reporting requirements.*

*8.2. Any reporting that may contain patient Protected Health Information (PHI), shall be done in accordance with the Health*

*Insurance Portability and Accountability Act (HIPAA) patient privacy requirements.*

*8.3. The licensee shall document in the patient's record that the patient's primary care provider was notified of any injection given to the patient for record documentation. This notification may be made by fax, documented phone call, standard U.S. mail or the licensee may provide a written statement to the patient regarding the injection(s) with instruction to the patient to the listed injection information to his or her current primary care provider.*

*8.3.1. The above reporting procedure serves to inform the patient's primary care physician as to the rationale and outcome of a licensee's treatment, report any adverse outcomes, and assist in collaborative care of common patients. In no event shall such reporting be construed as permission or approval of an order for treatment by injection.*

*8.4. A log book of all injections given shall be maintained including:*

*8.4.1. The patient's initials, age, gender and race;*

*8.4.2. A statement indicating the purpose of the injection;*

*8.4.3. The name of the medication administered and the type and location of the injection;*

*8.4.4. The treatment guidelines followed which must be compliant with the guidelines approved by the Board.*

*8.4.5 The name and certification or licensure level of any persons working in conjunction with the licensee to administer agents through injections;*

*8.4.6 How the primary care provider was notified that the patient had been given an injection.*

*8.5. A copy of the injection log book shall be submitted to the Board upon request. This log book may be requested at any time by the Board with or without cause.*

*8.6. The Board may request the licensee to supply the complete medical record for any of the patients listed in the log book for review.*

*The Board may also request an audit of the licensee's full records to ensure compliance with injection certificate requirements.*

*8.7. If a patient has an adverse event related to the administration of any agent through injection, the licensee must provide the Board with an incident report listing the details of the adverse event and the measures used to correct that event. This report must be received by the Board within 5 business days of the resolution of the adverse event.*

**COMMENT(S): W. VA. CODE §30-8-15 AUTHORIZES THE ADMINISTRATION OF PHARMACEUTICALS BY INJECTION, NOT THE DISPENSATION OF THOSE AGENTS.**

As previously discussed in the aforementioned response to the dispensing of oral and topical medications, the Board has considered this comment and has made an amendment to the rule to address this issue. The amended proposed language provides that:

*9.1.b. Nothing within this rule or the W. Va. Code prohibits the administration of pharmaceuticals by injection to a patient by a certified licensee for a reasonable charge or the dispensing of contact lenses that deliver pharmaceutical agents, provided, there is no mark up on the cost of the pharmaceutical agents provided in the injection or in the contact lenses that deliver pharmaceutical agents. Nothing in this rule shall prohibit a properly certified optometrist from charging a usual and customary fee for administering the injection or fitting the contact lenses that delivers pharmaceutical agents.*

**COMMENT: THERE IS NO PROVISION FOR A LIST OF COURSES APPROVED BY THE BOARD FOR INJECTION.**

The Board has examined this concern and has amended 14CSR11 to address this issue. Specifically the Board has amended language of 14CSR11-3.3 states:

*3.2 The Board shall accept any course for certification that is provided by or through a school or college of optometry accredited by the Accreditation Council on Optometric Education or its successor organization certifying that the optometrist is competent in providing the administration of pharmaceuticals by injection.*

*3.3 The Board, at its discretion, may approve courses provided through organizations other than accredited schools or colleges of optometry certifying that the optometrist is competent in providing the administration of pharmaceuticals by injection if, and only if, the course meets the following minimum criteria:*

3.3.1. *Each course shall include indications, contra-indications, medications, techniques, risks, benefits and sharps management;*

3.3.2. *Each course shall contain appropriate follow up and management of any adverse reactions caused by an injection;*

3.3.3. *Each course shall teach the procedures of injection on human subjects in a closely supervised environment with a proficiency assessment examination.*

The Board is of the opinion that this language is responsive to the comment.

**COMMENT: 14CSR11-3.4 ALLOWS GRADUATES POST 2011 TO BE CERTIFIED IN INJECTIONS WITHOUT CHECKING THEIR COURSES TAKEN.**

This provision has two conditions: (1) graduation from an accredited school or college of optometry and (2) passage of Part III of the National Board of Examiners in 2011 or later. One hundred percent (100%) of accredited schools and colleges of optometry must provide this in the curriculum for students graduating in 2011. Those students will sit for the National Board of Examiners in Optometry Examination Part III, Clinical Skills, which will include testing of injection techniques on human subjects.

**COMMENT(S): 14CSR11 INCLUDES CONTINUING EDUCATION IN BASIC LIFE SUPPORT AS LISTED IN W. VA. CODE §30-8-15(3) BUT HAS NOT INCLUDED CONTINUING EDUCATION IN INJECTIONS AS LISTED IN W. VA. CODE §30-8-15(4).**

The Board has examined this comment and determined that the appropriate action is to make an amendment to 14CSR10-2.3.d. Therefore that proposed rule has been amended to the requiring:

*[A] minimum of two (2) hours of instruction in administering pharmaceutical agents by injection for those licensees who hold an Injectable Pharmaceutical Agents Certificate.*

In making this amendment, the Board has mandated a specific number of hours per reporting period for all licensees with the certification to administer injections.

**COMMENT(S): THE TREATMENT GUIDELINES LISTED IN 14CSR11 ARE VAGUE AND NOT DEFINITIVE AS REQUIRED IN W. VA. CODE 30-8-15(B)(2).**

The Board has examined this concern and has amended the rule to address this concern. *See Agency Approved Rule for full proposed language.*

**COMMENT: THE AMA CONSIDERS INJECTIONS TO BE SURGERY, AND W. VA. CODE PROHIBITS SURGERY BY OPTOMETRISTS.**

In considering this comment, the Board directs the commenter to West Virginia Code § 30-8-9(a)(7)(A-G) which states in pertinent part that a licensee may:

(A) [r]emove a foreign body from the ocular surface and adnexa utilizing a non-intrusive method; (B) [r]emove a foreign body, external eye, conjunctive, superficial, using topical anesthesia; (C) [r]emove embedded foreign bodies or concretions from conjunctiva, using topical anesthesia, not involving sclera; (D) [r]emove corneal foreign body not through to the second layer of the cornea using topical anesthesia; (E) [e]pililation of lashes by forceps; (F) [c]losure of punctum by plug; and (G) [d]ilation of the lacrimal puncta with or without irrigation.

That code section describes seven procedures optometrists are permitted to perform which are coded as surgical procedures. Further, West Virginia Code §30-8-9(a)(11) also states “those procedures permitted by the board prior to January 1, 2010 shall be permitted.” Finally, West Virginia Code §30-8-9(b)(1) provides that a licensee may not “[p]erform surgery except as provided in this article or by legislative rule.” Additionally, while the AMA is a highly respected organization, the Legislature has authorized properly certified optometrists to administer injections under certain conditions. Further, it appears that this comment is an attempt to undermine the Legislature’s directive to the Board to make its rules congruent with the newly enacted changes to the laws governing the practice of optometry.

**COMMENT: HOW MANY CLINICALLY SUPERVISED INJECTIONS MUST LICENSEES PERFORM?**

In reviewing this comment, the Board has amended its proposed rule to clearly require this training to be through an accredited school or college of optometry. *See above response regarding 14CSR11-3.3.* The Board deems it prudent to note that specifics of such training will undoubtedly change with the advent of new science and technology. Requiring this training and certification to be done through an accredited school or college of optometry ensures the board and the legislature that the training is appropriate.

**COMMENT: WILL LICENSEES WITH AN INJECTION CERTIFICATE BE INJECTING CHILDREN?**

A licensee who is properly certified through the Board to administer injections will only administer injections to children if trained to do so through accredited schools and colleges of optometry.

**COMMENT: WILL THE LICENSEE WITH AN INJECTIONS CERTIFICATE BE PERFORMING FLOURESCIN ANGIOGRAMS?**

A licensee who is properly certified through the Board to administer injections are only permitted to administer those injections taught and certified for through an accredited school or college of optometry.

**COMMENT: WILL THE BOARD REQUIRE A DISPENSING LICENSE TO DISPENSE PHARMACEUTICALS BY INJECTION?**

As discussed above, the Board has amended 14CSR9 to address the issue of optometrists “dispensing” pharmaceuticals. *See above response regarding 14CSR9-1.a & b.*

**COMMENT: ADVERSE REACTION TRAINING IS PROHIBITED BY LAW SINCE THAT IS A WHOLE BODY SYSTEMIC PROCEDURE.**

Throughout the process of enacting changes to West Virginia Code §30-8-1 *et seq.*, not only did the Legislature authorize the administration of injections by certified optometrists, it mandated that the Board determine the appropriate education and training to grant such certification. For the Board to permit licensees to hold certifications to administer injections, it is prudent for the Board to require adverse reaction training for those determined qualified for this certification. Any suggestion that training in recognizing and/or responding to an adverse reaction is, or should be, prohibited by law is irresponsible and rejected by this Board. Further, the Legislature provided in West Virginia Code §30-8-9(a)(4) that a licensee may “[a]dminister epinephrine by injection to treat emergency cases of anaphylaxis or anaphylactic shock[,]” which is an example of a whole body systemic procedure. This Board understands that the ability to administer injections is nothing to be taken lightly, and, in maintaining congruency with its legislative mandate to protect the public, will require any optometrist who seeks certification to inject pharmaceuticals to have such training.

**COMMENT(S): THERE IS NO NATIONAL STANDARD FOR TEACHING INJECTIONS IN ACCREDITED OPTOMETRY SCHOOLS. HOW WILL THE BOARD ENSURE PROPER INSTRUCTION?**

The legislature has clearly shown confidence in the accrediting bodies which oversee educational institutions as it requires that training be from institutions which are accredited, be it medical, dental, or optometry schools. By requiring training through accredited schools and colleges of optometry, the legislature, through the oversight of the board, is ensuring that the candidates are receiving the appropriate training.