



Office Use Only

Pre-Certification _____

Board Approval _____

Date of Approval _____

WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231 • Charleston, WV 25301 • Phone: 304-558-5901 • Fax: 304-558-5908 • Email: info@wvbo.org

Application for Injectable Pharmaceutical Agents Certification

Please type or print clearly. Failure to complete all sections or provide all requested information will result in an incomplete application.

APPLICANT'S NAME: _____
(Last) (First) (Middle) (Suffix)

PRACTICE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

PRACTICE PHONE NUMBER: _____ **EMAIL:** _____

OPTOMETRY SCHOOL: _____ **GRADUATION DATE:** _____

WV LICENSE NUMBER: _____ **ISSUE DATE:** _____

_____ (Initial here) I confirm I have an active WV Optometry license with oral prescriptive certification/authority

Per W. Va. Code St. R. §14-11-3: An applicant for licensure by examination, by reciprocity, or by reinstatement after March 1, 2011 shall only be granted licensure if the applicant meets the requirements for injection certification.

Please initial by one of the following to satisfy the requirement and accurately reflects your application and supporting documentation.

_____ **Passage of the National Board of Examiners in Optometry (NBEO) Injections Skills Examination (ISE)**

Exam Date: _____ Please request official Board score report be sent to info@wvbo.org

_____ **WV Board of Optometry Approved Injection Training Course**

Optometry School/Location where course was taken: _____

Completion/Passage Date of Approved Training: _____

- Please enclose certificates of successful completion or have them sent to our attention.

Completion/Passage Date of in-person Injection Proficiency Examination: _____

- Please enclose copy of exam results or have them sent to our attention.

ADDITIONAL REQUIREMENTS FOR ALL APPLICANTS: Please provide a copy (front and back of certification card) of current Certification in **Basic Life Support** from the **American Red Cross** or the **American Heart Association**.

APPLICATION FEE: Please enclose a check made out to the **West Virginia Board of Optometry** in the amount of \$200.00 per W. Va. Code St. R. §14-5.2.6. Please note in the memo line your WV License number and "Pharmaceuticals by Injection Certificate Fee"

Finally, please read, acknowledge, and sign the following affidavit before a notary public.

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I have completed
(Print Full Name)

the required Board approved training and injection proficiency examination performed on human subjects for injection certification.

I hereby request and authorize all institutions or organizations to release any information or records to the West Virginia Board of Optometry 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 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 W. Va. Code, §30-8-15 and W. Va. Code St. R. §14-11.

APPLICANT'S SIGNATURE: _____ DATE: _____
(Signed in presence of Notary Public)

WV LICENSE NUMBER: _____

To be completed by Notary Public:

STATE OF WEST VIRGINIA

COUNTY OF _____

The foregoing instrument was acknowledged before me this date _____ **by**

(Name of Applicant)

Notary Public Signature: _____

My commission expires: _____

NOTARY STAMP