

## CHAPTER 3

### LICENSE ISSUANCE AND RENEWAL

**Section 1. Issuance of License.** The Board shall issue a successful applicant a license bearing the full name of the Licensee, date of issuance, license number and appropriate seal.

(a) A Licensee shall notify the Board in writing of his/her business address prior to engaging in the practice of optometry.

(b) A Licensee shall provide the Board written notice of retirement from active practice.

(c) A Licensee shall notify the Board if a license is lost, stolen or destroyed.

(d) Duplicate wall certificates may be issued by the Board. All requests for duplicate certificates must be in writing and accompanied by the appropriate fee.

### **Section 2. License Renewal.**

(a) The Board shall mail a renewal notice to active licensees and volunteer certificate holders at their address of record no later than forty-five (45) days prior to the license or certificate expiration date.

(b) License renewal application and fees shall be postmarked no later than the expiration date. Renewal applications postmarked after the expiration date or the next business day in cases when the expiration date falls on a weekend or holiday, will not be accepted.

(c) Renewal applications shall not be accepted more than forty-five (45) days prior to the expiration date.

(d) Failure to receive notice for renewal of license or certificate shall not excuse a licensee from the requirement for renewal under the Act and these rules.

**Section 3. Continuing Education for Active Licensees.** As a condition for renewal, each Licensee is required to complete a total of forty (40) hours of continuing education over a period of two (2) calendar years ending on December 31 of each odd numbered year. Continuing education shall relate to the practice of the profession of optometry.

(a) Continuing education hours shall be completed by attending courses which are COPE (Council on Optometric Practitioner Education) qualified or

sponsored by COPE, AOA (American Optometric Association), AOA recognized state associations, AAO (American Academy of Optometry), schools and colleges of optometry, COVD (College of Visual Development), OEP (Optometric Extension Program) and clinical facilities specializing in eye care that are staffed by professors or adjunct professors of optometry or ophthalmology at accredited optometry or medical schools. Other courses may be submitted to the Board for pre-approval by the Education Committee. Continuing education hours cannot be completed by correspondence.

(b) Continuing education hours will be required following the first renewal period and each two (2) calendar years thereafter.

(i) New licensees issued a license in an odd year will be required to have forty (40) hours of continuing education, and those issued a license in an even year will be required to have twenty (20) hours of continuing education for their first continuing education reporting period.

(ii) Only those continuing education hours acquired during the continuing education reporting period will be considered. Duplicate courses taken during a continuing education reporting period will not be accepted.

(c) Licensees authorized to prescribe therapeutic pharmaceuticals shall obtain fifteen (15) hours of the required forty (40) hours of continuing education in topics addressing ocular systemic therapeutics.

(d) A maximum of six (6) hours of continuing education in the area of Practice Management may be applied towards the required forty (40) hours.

(e) A maximum of four (4) hours of COPE (Council on Optometric Practitioner Education) qualified continuing education through the Internet may be applied towards the required forty (40) hours. Documentation of continuing education shall consist of registration receipt and examination results.

(f) Licensees shall report their continuing education on the form approved by the Board.

(i) Licensees shall maintain copies of any certificates of attendance, letters certifying attendance, transcripts, or any other official documents which serve as proof of continuing education participation or attendance for at least two (2) years from the date submitted for renewal.

(ii) Proof of attendance shall contain the activity title, dates, contact hours attended, sponsor, presenter, name of licensee and be signed by the sponsor or the presenter.

g) Continuing education may be audited by the Board for verification of compliance with these requirements and the Board may disallow any course not meeting the intended continuing education criteria.

(i) If the Board disallows any continuing education hours as a result of an audit, the licensee shall have three (3) months from notice of such disallowance to;

(A) Provide further evidence that the disallowed continuing education hours meet the criteria established by these rules, or

(B) Provide evidence of having completed appropriate continuing education during the required time frame which may substitute for the disallowance, or

(C) Remedy the disallowance by completing the number of additional continuing education hours necessary to fulfill the requirements. These additional continuing education hours shall not be reported on subsequent applications for license renewal.

(h) Failure to provide the documents requested for audit within thirty (30) days of the date of the request may subject the licensee to disciplinary action.

(i) All continuing education must be postmarked no later than December 31 of the renewing biennium year. Continuing education received after December 31 will be assessed a late fee.

(j) Beginning January 1, 2010 all licensees shall verify their continuing education through the ARBO OE Tracker program.

#### **Section 4. Continuing Education for Volunteer Certificate Holders.**

(a) Continuing education requirements shall consist of twenty (20) hours per year. If therapeutically authorized then eight (8) hours shall be systemic ocular therapeutics.

**Section 5. Failure to Renew.** All licenses expire at midnight on April 1. Licensees who have not submitted a complete renewal application, proof of continuing education, and all required fees prior to the expiration date may not continue to practice optometry as provided in W.S. 33-23-103.

(a) An expired license may be reinstated by submitting a request for reinstatement, a complete renewal application, proof of continuing education, the

required renewal fee, and the Late/Reinstatement Fee which must be received in the Board office no later than June 30 of the year in which the license expired.

(b) The provisions of this section do not apply to those license holders who have properly notified the Board of their retirement from active practice.

**Section 6. Renewal Following Retirement.** Any optometrist who has properly notified the Board of retirement from active practice as required in Section 1(b) of this Chapter, may renew his/her license to practice optometry within (3) years of the retirement date reported to the Board. Payment of the renewal fee for each year the license was in lapse, as well as payment of a reinstatement/late fee. In addition to the renewal fees, an optometrist must submit verification of attendance of no less than twenty (20) hours at approved continuing education for each year of his/her retirement.

## **CHAPTER 5**

### **STANDARDS OF PRACTICE**

#### **Section 1. Code of Ethics.**

(a) The protection of the public health, safety, welfare and best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the Board.

(b) The failure of a person to conform to the subsections of WYO. STAT. § 33-23-110(b) (ix) or to any ethical standard set forth in or incorporated by the Board's Rules and Regulations all constitute "unprofessional and dishonest conduct or conduct of a character likely to deceive the public" as provided by WYO. STAT. § 33-23-110(a).

(c) Pursuant to the Board's statutory authority as set forth in WYO. STAT. § 33-23-10(b), the Board further clarifies the meaning "unprofessional and dishonest conduct" to include the following conduct and definitions:

(i) The conduct set forth below constitutes "incompetence, malpractice or unethical conduct" as referenced in WYO. STAT. § 33-23-110(b):

(A) Practicing in a manner that is not in the best interest of the public and endangers public health, safety and welfare;

(B) Performance of any procedure in the course of a patient's care beyond the optometrist's training and competence;

(C) Performance of any procedure in the course of a patient's care which is not a customary and accepted standard of care in the profession, or otherwise deviate from the customary and accepted standard of care in the profession;

(D) Failure to advise a patient to seek the attention of a physician or other health care provider for an eye disease or disorder discovered during an examination which, in the opinion of the optometrist, requires additional diagnosis and medical treatment. Such advice shall not be required for any previously diagnosed disease or disorder.

(E) Billing patients for services provided which are not justified and are not necessary for diagnostic or therapeutic purposes;

(F) Failure to provide patients with accurate and complete information regarding the extent and nature of services available to them;

(G) Failure to maintain confidentiality of all information obtained in the course of the optometrist-patient relationship, except that disclosure of confidential information is permissible with the expressed written consent of the patient, or as required by law;

(H) Failure to ensure that a patient's welfare is not compromised in any experimentation or research involving that patient;

(I) Failure to obtain informed written consent from the patient for any experimentation or research;

(J) Failure to obtain approval from any regulatory entity, in which approval is customarily or lawfully required, in order to conduct experimentation or research;

(K) Failure to comply with any regulatory standards customarily or lawfully required for the continuation of experimentation or research;

(L) Practicing, facilitating, or condoning discrimination of a patient based on race, sex, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical handicap;

(M) Administering, dispensing, or prescribing any controlled substance other than in the course of legitimate professional practice as authorized by law;

(N) Failure to release a spectacle lens prescription to the patient in accordance with Federal Law;

(O) Failure to release a contact lens prescription to the patient in accordance with Federal Law without all of the following information: expiration date, wearing schedule, care regimen, and all necessary parameters essential to fabricating a contact lens;

(P) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of optometry, including falsifying or making incorrect essential entries on patient records or failing to make essential entries on patient records;

(Q) Representing that a non-correctable condition can be permanently corrected;

(R) Interfering with the free choice of any patient when selecting a physician or other health care practitioner;

(S) Practicing optometry in violation of any limitations or restrictions imposed on a license, or practicing optometry while a license is suspended or has lapsed;

(T) Issuance of any judgment against the licensee for malpractice or negligence;

(U) Practicing optometry with a mental or physical impairment which renders the licensee incapable of practicing optometry with reasonable skill and safety;

(V) Practicing optometry by a licensee with a communicable life-threatening disease;

(W) Failure to maintain the confidentiality of any examination related to obtaining a license to practice optometry.

(ii) The conduct set forth below constitutes “moral turpitude”:

(A) Committing any act which results in a felony or misdemeanor conviction and involves a patient or adversely relates to the practice of optometry. A plea of nolo contendere shall be considered a conviction;

(B) Violating professional boundaries by soliciting, encouraging, threatening, forcing, or engaging in any sexual act or relationship with or upon a patient, regardless of consent. A consensual sexual relationship shall not be deemed “moral turpitude” if the optometrist-patient relationship was terminated prior to the relationship;

(C) Sexual harassment of a patient or staff member;

(D) Denial of a license to practice optometry, or any disciplinary action against a licensee, by any other state, territory, or country;

(E) Failure to report to the Board known or suspected violations of the laws and regulations governing the practice of optometry in Wyoming;

(F) Submission of false information to the Board;

(G) Failure to notify the Board of a malpractice final judgment or settlement within thirty days;

(H) Aiding or abetting the practice of optometry in Wyoming by any person not licensed to practice in Wyoming;

(I) Abuse of health insurance;

(J) Using any term other than “optometrist” or “Doctor of Optometry” to reflect licensure;

(K) Loaning of a license issued by the Board;

(L) Employing, either directly or indirectly, any licensee under suspension or revocation, or any person not licensed to practice optometry, to perform any task requiring licensure;

(M) Accepting remuneration for professional services if a volunteer possessing a volunteer certificate limiting the scope of practice to the act of volunteering services.

(iii) The conduct set forth below constitutes “habitual intemperance” or “being habitually addicted” to practice- impairing substances:

(A) Use of any drug, narcotic, chemical, alcohol or mind altering material which renders the licensee unfit or incompetent to:

(I) Practice optometry with reasonable skill and safety to patients;  
or

(II) Conform to essential standards of acceptable optometry practice, in which case actual injury need not be established.

(iv) In addition to the aforementioned definitions in this chapter, as well as the conduct referenced in WYO. STAT. § 33-23-110(b), the following acts constitute “unprofessional and dishonest conduct”:

(A) Advertising professional services through statements that are untruthful, improbable, misleading or impossible;

(I) Optometrists who wish to announce the services available in their practices are permitted to announce those services so long as they avoid any communication that expresses or implies specialization.

(B) Failure to display a license at all times in a conspicuous location and readily accessible to all patients at the optometrist’s place of business;

(C) Failure to cooperate with any investigation by the Board, which includes:

(I) Failure to respond to any request for information;

(II) Failure to provide any documents or records upon request;

(III) Deceiving or attempting to deceive the Board or its agents with reference to any matter under investigation by the Board;

(D) Failure to comply with prevailing ethical standards promulgated in accordance with WYO. STATS § 33-23-101 through 33-23-117, attached hereto, and incorporated herein by reference, as Appendix A.

## **Section 2 Use of Optometry Assistants**

(a) General Supervision means the procedures are furnished under optometrists’ overall direction and control. The optometrists’ physical presence is not required during the performance of the procedures. The training of assistants who actually perform the diagnostic procedure and



maintenance of the necessary equipment and supplies is the continuing responsibility of the optometrist.

(i) All orders written by the optometrist require that the patient be examined by the optometrist first.

(ii) The testing of patients can only be performed upon the verbal or written direction of the optometrist.

(iii) Telephone communication between the assistant and optometrist is allowed. Treatment plans, however, can only be directed once the optometrist physically reviews test results. The physical presence of the supervising optometrist is not required if the supervising optometrist and the assistant are or can easily be in contact with each other.

(iv) An Assistant cannot, in any manner, practice optometry.

(A) The Board does not recognize nor bestow any level of competency upon an assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising optometrist.

### **Section 3. Externships**

(a) An externship is when an optometric student is allowed to practice optometry in a clinical setting under the direct supervision of a licensed Wyoming optometrist.

(b) The supervising optometrist shall comply with all necessary documentation and contracts to become an outreach facility with an optometric institution.

(i) Liability for acts or omissions of the extern shall fall under the auspices of the institution and the optometrist.

(A) The optometrist shall obtain all necessary documentation and insurance coverage necessary to allow the program to operate.

(c) Direct supervision of the optometric student shall require the optometrist to review all findings before any treatment plan can be instituted.

(i) Direct supervision means the optometrist must be physically present in the office and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the optometrist must be present in the room when the procedure is being performed

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