#### **BOARD OF OPTOMETRY**

### **INSTRUCTIONS**

## WRITTEN EVIDENCE FROM COLLEGE OR SCHOOL OF OPTOMETRY FOR ADMINISTRATION OF THERAPEUTIC PHARMACEUTICAL AGENTS BY INJECTION

### BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- Laws and Regulations: The Virginia laws and regulations pertaining to the practice of optometry may be viewed at www.dhp.virginia.gov/Optometry/.
- ➤ Law related to written evidence requirement: The Code of Virginia is amended effective July 1, 2018, to require written evidence of a didactic and clinical training course that includes training in administration of TPAs by injection prior to administering TPAs by injection. The legislation may be reviewed at <a href="https://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0280">https://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0280</a>.
- > Written evidence submission: Written evidence may be submitted to the Board via mail, email or fax directly from the source. Written evidence must be adequate for the Board to determine that the TPA-certified optometrist has completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection. A sample attestation form is provided below that may be used, but is not required.
- **Fee:** There are no fees associated with submission of the required written evidence.
- **Board Communication:** The Board will notify the licensee via email when the written evidence has been received.

**Board of Optometry Contact Information** 

Address: 9960 Mayland Drive, Suite 300 Email: optbd@dhp.virginia.gov

Henrico, Virginia 23233-1463 **Phone:** (804) 597-4132 **Webpage:** <a href="http://www.dhp.virginia.gov/Optometry/">http://www.dhp.virginia.gov/Optometry/</a> **Fax:** (804) 527-4471



9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 Phone - (804) 597-4132 Fax - (804) 527-4471 www.dhp.virginia.gov/optometry/ Email - optbd@dhp.virginia.gov

# ATTESTATION FROM COLLEGE OR SCHOOL OF OPTOMETRY FOR ADMINISTRATION OF THERAPEUTIC PHARMACEUTICAL AGENTS BY INJECTION

Name (Please Print or Type) ast	First	Middle Initial
/irginia License Number:		
WRITTEN	EVIDENCE FROM COLLEG	E OR SCHOOL OF OPTOMETRY
Pursuant to § 54.1-3222	(B)(3) of the Code of Virginia	, which states the following:
§ <u>54.1-3222</u> . TPA certification pharmaceutical agents (TPAs		ases or abnormal conditions with therapeutic
controlled substances consis controlled substances and de	ting of hydrocodone in combination vices as set forth in the Drug Conti	d administer, within his scope of practice, Schedule II in with acetaminophen and Schedules III through VI trol Act (§ 54.1-3400 et seq.) to treat diseases and mined by the Board, within the following conditions:
means of injection of a steroic Control Act (§ <u>54.1-3400</u> et s completed a didactic and clin	d included in Schedule VI controlled eq.). A TPA-certified optometrist sh ical training course provided by an	tion shall be limited to the treatment of chalazia by and substances as set forth in § 54.1-3455 of the Drug thall provide written evidence to the Board that he has accredited school or college of optometry that include tring TPAs by injection pursuant to this subdivision.
training in administration	rse provided by an accredite	-certified Optometrist, has completed a didaced school or college of optometry that included agents by injection in order to qualify him/heans of injection of a steroid.
Sign	oture of Doop or Brogram Dire	ector or
	ature or Dean of Program bire	