# Chapter 246-851 WAC

## OPTOMETRISTS

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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[Ch. 246-851 WAC—p. 1]
WAC 246-851-040 Approval of schools and colleges of optometry. To be eligible to take the optometry examination, a person must be a graduate of an accredited school or college of optometry approved by the Washington state board of optometry. The board of optometry adopts the most current standards of the Council on Optometric Education, or its successor organization, of the American Optometric Association. Optometric schools and colleges which apply for board approval must meet current Council on Optometric Education standards. It is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

The board reserves the right to withdraw approval of a school which ceases to meet the board's standards after notifying the school in writing and granting it an opportunity to contest the board's proposed withdrawal.

WAC 246-851-090 Continuing education requirement. (1) Licensed optometrists must complete fifty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of this requirement, licensees practicing solely outside of Washington may meet the continuing education requirements of the state or territory in which they practice.

WAC 246-851-110 Courses presumed to qualify for credit. Courses offered by the following organizations are presumed to qualify as continuing education courses without specific prior approval of the board. However, the board reserves the right to not accept credits if the board determines that a course did not provide appropriate information or training.


(2) Any college or school of optometry whose scholastic standards are deemed sufficient by the board under RCW 18.53.060(2).

(3) The Optometric Physicians of Washington.

(4) Any state optometric association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.

(5) The state optometry board.

(6) The optometry licensing authority of any other state.

(7) The American Academy of Optometry.

(8) The Optometric Extension Program.
WAC 246-851-120 Approval of courses. (1) The board will individually consider requests for approval of continuing education courses. The board will consider the following course components:

(a) Whether the course contributes to the advancement and enhancement of skills in the practice of optometry.

(b) Whether the course is taught in a manner appropriate to the subject matter.

(c) Whether the instructor has the necessary qualifications, training and/or experience to present the course.

(2) Courses related to a single product or device will not normally be granted credit.

(3) Requests must be submitted at least sixty days prior to the date of the course and must include at least:

(a) Name of the course being offered.

(b) Location and date of course.

(c) Course outline.

(d) Format of activity (e.g., lecture, videotape, clinical participation, individual study).

(e) Total number of hours of continuing education being offered.

(f) Name and qualifications of the instructor or speaker.

(2) Licensees must submit requests for credit to the board at least sixty days prior to the end of the reporting period.

(3) No more than ten credit hours will be granted under this section for any licensee in any two-year reporting period.

WAC 246-851-150 Credit for individual research, publications, and small group study. (1) Subject to approval by the board, continuing education credit may be granted for:

(a) Participation in formal reviews and evaluations of patient care such as peer review and case conferences;

(b) Participation in small group study or individual research;

(c) Scholarly papers and articles whether or not the articles or papers are published.

Requests for credit for papers or articles should include a copy of the article and the number of hours requested.

(2) Licensees must submit requests for credit to the board at least sixty days prior to the end of the reporting period.

(3) No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

WAC 246-851-170 Self-study educational activities. The board may grant continuing education credit for participation in self-study educational activities. The board may grant a licensee a total of twenty-five credit hours under this section for any two-year reporting period. Self-study educational activities may include:

(1) Credit for reports. The board may grant continuing education credit for reports on professional optometric literature. Licensees must submit requests for credit at least sixty days before the end of the reporting period. The request must include a copy of the article, including publication source, date and author. The report must be typewritten and include at least ten descriptive statements from the article.

(a) Professional literature approved for these reports are:

(i) Optometry and Physiological Optics;

(ii) American Optometric Association News;

(iii) Contact Lens Spectrum;

(iv) Optometry;

(v) Journal of Optometric Education;

(vi) Journal of Optometric Vision Development;

(vii) Optometric Management;

(viii) Review of Optometry;

(ix) Primary Care Optometry News;

(x) 20/20 Magazine; and

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(xi) Other literature as approved by the board.
(b) Each report qualifies for one credit hour. The board may grant a licensee up to ten credit hours under this subsection if the combined total of twenty-five hours for all types of self-study CE is not exceeded.

(2) Credit for preprogrammed educational materials. The board may grant a licensee continuing education credit for viewing and participating in board-approved formal preprogrammed optometric educational materials. The preprogrammed materials must be approved by the Council on Optometric Practitioner Education (COPE), or offered by a board-approved school or college of optometry or other entity or organization approved by the board for credit under this section; and must require successful completion of an examination for certification. The preprogrammed educational materials include, but are not limited to:

(a) Correspondence courses offered through magazines or other sources;
(b) Cassettes;
(c) Videotapes;
(d) CD-ROM;
(e) Internet.

The board may grant a licensee up to twenty-five credit hours under this subsection if the combined total for all types of self-study CE does not exceed twenty-five hours in any two-year reporting period.

WAC 246-851-180 Credit for lecturing. Subject to approval by the board, continuing education credit may be given for the preparation and presentation of courses and lectures in optometric education. Three hours of credit will be granted for each course hour. Requests for credit must be submitted to the board at least sixty days prior to the end of the reporting period. Credit for subsequent presentations will be considered if the applicant can demonstrate that substantial additional preparation was required. No more than ten hours will be granted under this section for any licensee in any two-year reporting period.

WAC 246-851-190 Credit for CPR training. Continuing education credit will be granted for certified training in cardio-pulmonary resuscitation (CPR). No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

WAC 246-851-230 Credits for practice management. Continuing education credit will be granted for courses or materials involving practice management under WAC 246-851-110 through 246-851-180. No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

WAC 246-851-250 Minimum equipment requirements. (1) Licensed optometrists must have direct access on the premises to the following equipment and accessories, all of which must be in working condition:

(a) Adjustable examining chair;
(b) Phoropter/refractor;
(c) Retinoscope;
(d) Ophthalmoscope;
(e) Thickness tables;
(f) Pupillary distance measuring device;
(g) Projector and screen; or illuminated test cabinet, or chart for distant vision testing;
(h) Nearpoint vision testing equipment;
(i) Lensometer;
(j) Tonometer;
(k) Biomicroscope/slit lamp;
(l) A clinically accepted visual field testing instrument or equipment.

(2) Licensed optometrists who prescribe contact lenses must have direct access on the premises to the following equipment, all of which must be in working condition:

(a) Diameter gauge;
(b) Thickness gauge;
(c) Cobalt or black light instrument;
(d) Radiuscope/contactogauge type measuring instrument;
(e) Thickness tables;
(f) Corneal measurement instrument that quantifies corneal curvature.

WAC 246-851-260 Mobile optometric units. (1) Doctors of optometry operating mobile units are required to maintain the minimum equipment requirements of WAC 246-851-250 in such units.

(2) Before examining a patient or filling a prescription for a patient, the doctor of optometry must provide to the patient his complete name, his business phone number, the address of his regular office, and his regular office hours. If such doctor of optometry does not maintain a business phone or regular office, he must provide this information to the patient, and must give him his personal phone number and address in place of his business number and address. If the
practice of a mobile unit is owned in whole or in part by someone other than the doctor of optometry operating the mobile unit, such fact must also be provided to the patient, along with the names, phone numbers and addresses of all those who own an interest in the practice. The information required by this section may be provided to the patients by means of a sign or near the mobile unit which the public may reasonably be expected to see and comprehend.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), § 246-851-280, filed 1/17/78.]

WAC 246-851-280 Contact lens advertising. Where contact lens prices are advertised, such advertisement shall clearly state: (a) The type of contact lens or lenses offered at the price(s) advertised and any exclusions or limitations therein; (b) whether examinations, dispensing, related supplies and/or other service charges are included or excluded in the advertised price(s); and (c) the manufacturer, laboratory of origin or brand name of the contact lenses.


WAC 246-851-290 Maintenance of records. Licensed optometrists shall maintain records of eye examinations and prescriptions for a minimum of five years from the date of examination or prescription.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-290, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-220, filed 9/13/76.]

WAC 246-851-300 Renting space from and practicing on premises of commercial (mercantile) concern. Where a doctor of optometry rents or buys space from and practices optometry on the premises of a commercial or mercantile concern:

1. The practice must be owned by the doctor of optometry solely or in conjunction with other licensed doctors of optometry, and in every phase be under the exclusive control of the doctor(s) of optometry. The prescription files are the sole property of the doctor(s) of optometry.

2. The space must be definite and distinct from space occupied by other occupants of the commercial or mercantile concern.

3. The doctor(s) of optometry must be clearly identified to the public. Such identification must include the name of the doctor(s) of optometry and the term "doctor of optometry" or "independent doctor of optometry" or other similar phrase.

4. All signs, advertising and display must be separate and distinct from that of the other occupants and of the commercial or mercantile concern. All optometric practice advertisements or announcements on the premises of a commercial or mercantile concern shall not make references which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.


WAC 246-851-310 Proper identification of licensees. Each person licensed under chapter 18.53 RCW must be clearly identified to the public as a doctor of optometry at all practice locations. The identification must include the name of the licensee and the term "doctor of optometry" or "independent doctor of optometry" or other similar phrase, at or near the entrance to the licensee's office.


WAC 246-851-320 Doctor of optometry presumed responsible for advertisements. Every licensed doctor of optometry whose name or office address or place of practice appears or is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved, and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the advertisement's existence has been introduced at any administrative hearing before the board of optometry, the burden of proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-320, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-240, filed 7/25/77.]

WAC 246-851-330 Misleading titles or degrees. An optometrist shall not use misleading or unrelated degrees or titles in connection with the professional practice of optometry. The use of an optometric designation such as "optometrist" or "doctor of optometry" or other similar phrase shall not be used in connection with a business or activity that is not related to optometric care.


WAC 246-851-350 Improper professional relationship. No doctor of optometry shall make any contracts or agreements, whether express or implied, nor engage in any arrangement with a retail dispensing optician whereby the optician or his agent shall:

1. Pay any professional expenses for the doctor of optometry;

2. Pay any or all of the professional fees of a doctor of optometry;

3. Pay any commission, bonus, or rebate for volume of materials or services received from a doctor of optometry;

4. Receive any commission, bonus or rebate for volume of materials or services furnished to a doctor of optometry;

5. Pay any commission to the doctor of optometry in return for referral of patients to the optician;

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(6) Receive any commission from a doctor of optometry in return for referral of patients to such doctor of optometry.  

**WAC 246-851-370** Employed doctors of optometry, franchises and equipment use agreements. The salary, bonus or other remuneration of a doctor of optometry who is employed for professional optometric services, shall not be dependent upon the percentage or number of patients who obtain visual examinations or who have prescriptions filled. The employed optometrist, acting in the capacity of consultant, advisor or staff doctor of optometry, the optometrist who has acquired a franchise relating to the practice of optometry, and the optometrist who has a professional equipment use agreement/contract, shall at all times remain cognizant of his or her professional responsibilities and with demeanor, decorum and determination retain his or her right of independent professional judgment and title in all situations and circumstances. If at any time the right of independent professional judgment or title is abridged it shall be incumbent upon the optometrist to resign or correct his or her position as consultant, advisor or staff doctor of optometry, or to resign from or correct a franchise and/or equipment use agreement/contract relationship.  

**WAC 246-851-380** Practice under another optometrist's name. Pursuant to RCW 18.53.140, when the initial right to practice under the name of any lawfully licensed optometrist is transferred to another lawfully licensed optometrist or association of lawfully licensed optometrists, the right to practice under such first optometrist's name may not be subsequently transferred by the first transferee and used by a third party or parties.  

**WAC 246-851-400** Certification required for use of pharmaceutical agents. (1) Licensed optometrists using pharmaceutical agents in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum seventy-five hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Post-Secondary Accreditation to qualify for certification by the optometry board to use drugs for diagnostic and therapeutic purposes.  
(2) Optometrists must obtain the required instructions in both diagnostic and therapeutic categories in order to be eligible to qualify for certification to use drugs for therapeutic purposes.  
(3) The instruction in ocular therapeutics must cover the following subject area in order to qualify for certification training:  
(a) Ocular pharmacology.  
(b) Routes of drug administration for ocular disease.  
(c) Prescription writing and labeling.  
(d) Ocular side-effects of systemic drugs.  
(e) Anti-infectives.  
(f) General principles of anti-infective drugs.  
(g) Antibacterial drugs.  
(h) Treatment of ocular bacterial infections.  
(i) Antiviral drugs.  
(j) Treatment of ocular viral infections.  
(k) Antifungal drugs.  
(l) Treatment of ocular fungal infections.  
(m) Antiparasitic drugs.  
(n) Treatment of parasitic eye disease.  
(o) Anti-inflammatory drugs.  
(p) Nonsteroidal anti-inflammatory drugs (NSAIDS).  
(q) General principles of mast-cell stabilizers.  
(r) Antihistamines.  
(s) Ocular decongestants.  
(t) Treatment of allergic disease.  
(u) Treatment of inflammatory disease.  
(v) Cycloplegic drugs.  
(w) Treatment of ocular trauma.  
(x) Ocular lubricants.  
(y) Hypertonic agents.  
(z) Antiglaucoma drugs.  

Each subject area shall be covered in sufficient depth so that the optometrist will be informed about the general principles in the use of each drug category, drug side effects and contra indications, and for each disease covered the subjective symptoms, objective signs, diagnosis and recommended treatment and programs.  

**WAC 246-851-410** Drug formulary. Pursuant to RCW 18.53.010(3) the optometry board adopts the following drug formulary of topically applied drugs for diagnostic and treatment purposes.  
(1) Drugs for diagnostic or therapeutic purposes.  
(a) Mydriatics.  
(b) Cycloplegics.  
(c) Miotics.  
(d) Anesthetics.  
(2) Drugs for therapeutic purposes only.  
(a) Anti-infectives.  
(b) Antihistamines and decongestants.  
(c) Ocular lubricants.  
(d) Antiglaucoma and ocular hypotensives.  
(e) Anti-inflammatory drugs.  
(f) Hyperosmotics.  
(g) Other topical drugs approved for ocular use by the FDA.  

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WAC 246-851-420 Optometrist with prescriptive authorization. (1) Each prescription issued by an optometrist, who is certified by the board to prescribe legend drugs for therapeutic purposes, shall include on the prescription his/her license number and the letters "TX." These letters shall represent the authority which has been granted to the practitioner by the board and will serve to assure pharmacists that the prescription has been issued by an authorized practitioner. When the prescription is orally transmitted to a pharmacist, this information shall be included or shall be on file at the pharmacy.

(2) Any optometrist who issues a prescription without having: (a) Received appropriate certification from the board, or (b) fails to include the identifying information on the prescription, or (c) prescribes outside their scope of practice or for other than therapeutic or diagnostic purposes, or (d) violates any state or federal law or regulations applicable to prescriptions, may be found to have committed an act of unprofessional conduct and may be disciplined in accordance with the provisions of chapter 18.130 RCW.

WAC 246-851-430 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

WAC 246-851-440 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for optometrists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such optometrists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer optometrists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

WAC 246-851-450 Terms used in WAC 246-851-440 through 246-851-470. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-851-460 which enters into a contract with optometrists who have substance abuse problems regarding the required components of the optometrist's recovery activity and oversees the optometrist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating optometrists.

(2) "Contract" is a comprehensive, structured agreement between the recovering optometrist and the approved monitoring program stipulating the optometrist's consent to comply with the monitoring program and its required components of the optometrist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the board of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of an optometrist's professional services by any addiction to, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the optometrist and the optometrist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which optometrists may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve step groups" are groups such as alcoholics anonymous, narcotics anonymous and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

WAC 246-851-460 Approval of substance abuse monitoring programs. The board shall approve the monitoring program(s) which shall participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating optometrists.

(2) The approved monitoring program staff shall have the qualifications and knowledge of both substance abuse and
the practice of optometry as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;
(b) Laboratory results;
(c) Providers of substance abuse treatment, both individuals and facilities;
(d) Support groups;
(e) The optometry work environment; and
(f) The ability of the optometrist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the optometrist and the board to oversee the optometrist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall determine, on an individual basis, whether an optometrist will be prohibited from engaging in the practice of optometry for a period of time and what restrictions, if any, are placed on the optometrist's practice.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the optometrist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any optometrist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of optometry for those participating in the program.

WAC 246-851-470 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the optometrist may accept board referral into the approved substance abuse monitoring program.

(a) The optometrist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The optometrist may be subject to disciplinary action under RCW 18.130.160 if the optometrist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An optometrist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The optometrist shall undergo a complete physical and psychological evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.
(vii) The optometrist shall comply with employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-470, filed 2/26/92, effective 3/28/92.]

WAC 246-851-490 Examination and licensure. To qualify for licensure in this state a candidate must:

(1) Successfully complete Parts I, II, and III of the National Board of Examiners in Optometry (NBEO) examinations; the Part III having been administered and successfully completed after January 1, 1993.

(2) Applicants who completed the NBEO Part II examination prior to January 1, 1993, must successfully complete the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease.

(3) Successfully complete a jurisprudence questionnaire.

(4) Be a graduate of a state accredited high school or equivalent.

(5) Be a graduate of a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington state board of optometry.

(6) Be of good moral character.

(7) Effective January 1, 2007, all applicants who receive their initial (first) license in Washington state must meet all the certification requirements of RCW 18.53.010 (2)(a), (b), (c), and (d).

(8) Effective January 1, 2009, all optometrists licensed in Washington state must be certified under RCW 18.53.010 (2)(a) and (b).

(9) Effective January 1, 2011, all optometrists licensed in Washington state must be certified under RCW 18.53.010 (2)(a), (b), (c), and (d).


WAC 246-851-495 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license to practice optometry in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of the practice of optometry.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the optometry license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license to practice optometry from another state that has substantially equivalent licensing standards to Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.54.070, 18.130.064, and 18.130.075. 10-06-055, § 246-851-495, filed 2/24/10, effective 3/27/10.]

WAC 246-851-500 Credentialing by endorsement. A license to practice optometry may be issued without examination to an individual licensed in another state that has licensing standards substantially equivalent to those in Washington.

(1) The license may be issued upon receipt of:

(a) Documentation from the state in which the applicant is licensed indicating that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(b) A completed application form with application fees;

(c) Verification from all states in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Certification that the applicant has read chapters 18.53, 18.54, 18.195 and 18.130 RCW, and chapters 246-851 and 246-852 WAC.

(10/15/10) [Ch. 246-851 WAC—p. 9]
(2) The board may require additional information as needed to determine if an applicant is eligible for credentialing by endorsement.

[Statutory Authority: RCW 18.54.070(2), 96-20-087, § 246-851-500, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070, 95-14-114, § 246-851-500, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-500, filed 9/25/92, effective 10/26/92.]

WAC 246-851-520 Contact lens prescription defined. A contact lens prescription is a written, signed order from an optometrist to another optometrist, physician, or dispensing optician describing optical and physical characteristics of the contact lenses to be dispensed. It shall be based upon a comprehensive vision and eye health examination, followed by a diagnostic or trial evaluation, and a final evaluation of the contact lens on the eye by a prescribing doctor.

[Statutory Authority: RCW 18.54.070(2), 02-10-065, § 246-851-520, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-520, filed 9/30/92, effective 10/31/92.]

WAC 246-851-540 Inactive credential. (1) An optometrist may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) To return to active practice from inactive practice, an optometrist must:

(a) Meet the requirements of RCW 18.53.010 (2)(a), (b), (c), and (d);

(b) Provide verification from all jurisdictions in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(c) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.54.070(2). 06-22-104, § 246-851-540, filed 11/1/06, effective 12/2/06.]

WAC 246-851-550 Sexual misconduct. (1) An optometrist shall not engage in sexual contact or sexual activity with a current patient.

(a) A current patient is a patient who has received professional services from the optometrist within the last three years and whose patient record has not been transferred to another optometrist or health care professional.

(b) A referral of the patient record must be in writing and with the knowledge of both the patient and the optometrist or health care practitioner to whom the record is transferred.

(2) The optometrist shall never engage in sexually harassing or demeaning behavior with current or former patients.


WAC 246-851-560 Adjudicative proceedings. The board of optometry adopts the model procedural rules for adjudicative proceedings of the department of health contained in chapter 246-11 WAC.

[Statutory Authority: RCW 18.54.070, 18.130.050(1). 95-04-084, § 246-851-560, filed 1/31/95, effective 3/3/95.]

WAC 246-851-570 Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes. (1) To qualify for certification to use or prescribe topical drugs for diagnostic or therapeutic purposes, a licensed optometrist must provide documentation that he or she:

(a) Is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes under WAC 246-851-400 and has successfully completed a minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation; or

(b) Holds a current active optometry license in another state that has licensing standards substantially equivalent to those in Washington state. The licensee’s level of licensure must also be substantially equivalent to the licensing standards in Washington state.

(2) The didactic instruction must include a minimum of sixteen hours in the following subject area:

(a) Basic principles of systemic drug therapy;

(b) Side effects, adverse reactions and drug interactions in systemic therapy;

(c) Review of oral pharmaceuticals:

(i) Prescription writing;

(ii) Legal regulations in oral prescription writing;

(iii) Systemic antibacterials in primary eye care;

(iv) Systemic antivirals in eye care;

(v) Systemic antifungal in eye care;

(vi) Systemic antihistamines and decongestants and their uses in eye care;

(vii) Oral dry eye agents;

(viii) Anti-emetics and their use in eye care;

(ix) Systemic diuretics and their management of elevated IOP;

(x) Systemic epinephrine;

(d) Review of systemic medication in ocular pain management:

(i) Legal regulations with scheduled medication;

(ii) Systemic nonsteroidal anti-inflammatory drugs (NSAIDS);

(iii) Systemic noncontrolled analgesics;

(iv) Systemic controlled substances;

(e) Review of oral medications used for sedation and anti-anxiety properties in eye care:

(i) Controlled anti-anxiety/sedative substances;

(ii) Legal ramifications of prescribing anti-anxiety drugs;

(f) Review of systemic medications used during pregnancy and in pediatric eye care:

(i) Legal ramifications in prescribing to this population;

(ii) Dosage equivalent with pregnancy and pediatrics;

(iii) Medications to avoid with pregnancy and pediatrics;

(g) Applied systemic pharmacology:

(i) Eyelid and adnexal tissue;

(ii) Lacrimal system and peri-orbital sinuses;

(iii) Conjunctival and corneal disorders;

(iv) Iris and anterior chamber disorders;

(v) Posterior segment disorders;

(vi) Optic nerve disease;

(vii) Peripheral vascular disease and its relationship with ocular disease;

(viii) Atherosclerotic disease;
Optometrists

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(i) Other/course review.

(2) The supervised clinical instruction must include at least eight hours in the following subject areas:

(a) Antibiotic agents excluding those listed in WAC 246-851-590(1).
(b) Antiviral agents.
(c) Antifungal agents listed under WAC 246-851-590(2).
(d) Antihistamine agents.
(e) Decongestant agents.
(f) Dry eye agents.
(g) Anti-emetic agents listed under WAC 246-851-590(3).
(h) Diuretic agents listed under WAC 246-851-590(4).
(i) Nonsteroidal anti-inflammatory agents excluding those listed in WAC 246-851-590(5).
(j) Analgesics.

(2) Approved controlled substances limited to Schedules III, IV, and V.

(a) Schedule III controlled substances.
(b) Schedule IV controlled substances.
(c) Schedule V controlled substances.

(3) Approved injectable substances.

Administration of epinephrine by injection for the treatment of anaphylactic shock.

[Statutory Authority: RCW 18.54.070(2) and 18.53.010. 10-21-067, § 246-851-590, filed 10/15/10, effective 11/15/10. Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-570, filed 2/5/04, effective 3/7/04.]

WAC 246-851-580 Drug list. Pursuant to RCW 18.53.010(4), the optometry board adopts the following drug formulary of oral Schedule III through V controlled substances and legend drugs for diagnostic and therapeutic purposes in the practice of optometry. No licensed optometrist may use, prescribe, dispense, purchase, possess, or administer these drugs except as authorized and to the extent permitted by the board. This section includes the approved oral drug formulary. Optometrists must consult WAC 246-851-590 for specific guidelines on these drugs or drug categories.

(1) Approved nonscheduled oral drugs include:

(a) Antibiotic agents excluding those listed in WAC 246-851-590(1).
(b) Antiviral agents.
(c) Antifungal agents listed under WAC 246-851-590(2).
(d) Antihistamine agents.
(e) Decongestant agents.
(f) Dry eye agents.
(g) Anti-emetic agents listed under WAC 246-851-590(3).
(h) Diuretic agents listed under WAC 246-851-590(4).
(i) Nonsteroidal anti-inflammatory agents excluding those listed in WAC 246-851-590(5).
(j) Analgesics.

(2) Approved controlled substances limited to Schedules III, IV, and V.

(a) Schedule III controlled substances.
(b) Schedule IV controlled substances.
(c) Schedule V controlled substances.

(3) Approved injectable substances.

Administration of epinephrine by injection for the treatment of anaphylactic shock.

[Statutory Authority: RCW 18.54.070(2) and 18.53.010. 10-21-067, § 246-851-590, filed 10/15/10, effective 11/15/10. Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-570, filed 2/5/04, effective 3/7/04.]

WAC 246-851-590 Guidelines for the use of oral Schedule III through V controlled substances and legend drugs. Nothing in these guidelines should be construed to restrict the recommendation of over-the-counter medications, vitamins, or supplements, nor restrict the ordering of any radiologic or laboratory testing necessary to the diagnosis of any eye related disease that is within the scope of practice of optometry.

(1) All oral forms and dosages of antibiotic agents will be available for use excluding: Vancomycin.

(2) Antifungal agents used in eye care shall fall into the following categories:

(a) All oral forms and dosages of polyene antifungals.
(b) All oral forms and dosages of imidazole antifungals.
(c) All oral forms and dosages of triazole antifungals.

(3) Anti-emetic agents used in eye care shall be the following medications:

(a) All oral forms and dosages of prochlorperazine.
(b) All oral forms and dosages of metoclopramide.
(c) All oral forms and dosages of promethazine.

(4) Diuretic agents used in eye care shall fall into the following categories:

(a) All oral forms and dosages of carbonic anhydrase inhibitors.
(b) All oral forms and dosages of osmotic diuretics. Osmotic diuretics shall be used only in the case of acute angle closure glaucoma administered in-office, outpatient, and/or ambulatory procedures only.

(5) All oral forms and dosages of nonsteroidal anti-inflammatory agents will be available for use excluding: Ketorolac tromethamine.

(6) Benzodiazepines prescribed, as anti-anxiety agents, shall be used for in-office, outpatient, and/or ambulatory procedures. This family of medications will be utilized as one dosage unit per prescription.

(7) Schedules III and IV controlled substances will have a maximum quantity count of thirty dosage units per prescription.

(8) Specific dosage for use and appropriate duration of treatment of oral medications listed in WAC 246-851-580(1) will be consistent with guidelines established by the Food and Drug Administration.

(9) Notation of purpose shall be included on all prescriptions.

(10) An optometrist may not:

(a) Use, prescribe, dispense, or administer oral corticosteroids; or
(b) Prescribe, dispense, or administer a controlled substance for more than seven days in treating a particular patient for a single trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition; or
(c) Prescribe an oral drug within ninety days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist. If treatment exceeding the limitation is indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.

(11) The prescription or administration of drugs as authorized in this section is specifically limited to those drugs appropriate to treatment of diseases or conditions of the human eye and the adnexa that are within the scope of practice of optometry. The prescription or administration of drugs for any other purpose is not authorized.

(12) Nothing in this chapter may be construed to authorize the use, prescription, dispensing, purchase, possession, or administration of any Schedule I or II controlled substance.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-590, filed 6/2/04, effective 7/3/04.]

(10/15/10)
WAC 246-851-600 Certification required for administration of epinephrine by injection for treatment of anaphylactic shock. (1) To qualify for certification to administer epinephrine by injection for anaphylactic shock, licensed optometrists must provide documentation that he or she:
   (a) Is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes under WAC 246-851-400 and has successfully completed a minimum of four hours of didactic and supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation to qualify for certification by the optometry board to administer epinephrine by injection; or
   (b) Holds a current active license in another state that has licensing standards substantially equivalent to those in Washington state. The licensee's level of licensure must also be substantially equivalent to the licensing standards in Washington state.

   (2) The didactic instruction must include the following subject area:
      (a) Review of urgencies, emergencies and emergency-use agents;
      (b) Ocular urgencies:
         (i) Thermal burns-direct and photosensitivity-based ultraviolet burn;
         (ii) Electrical injury;
         (iii) Cryo-injury and frostbite;
         (iv) Insect stings and bites;
         (v) Punctures, perforations, and lacerations;
      (c) General urgencies and emergencies:
         (i) Anaphylaxis;
         (ii) Hypoglycemic crisis;
         (iii) Narcotic overdose.

   (3) The supervised clinical instruction must include the following subject areas:
      (a) Instrumentation;
      (b) Informed consent;
      (c) Preparation (patient and equipment);
      (d) All routes of injections.

   (4) With the exception of the administration of epinephrine by injection for treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.

WAC 246-851-610 Approval or removal of medications. The boards of optometry and pharmacy will use a joint process to determine changes to the oral drug list that includes a means to resolve disagreements.

   (1) Categories of medications approved by the Food and Drug Administration may be added to WAC 246-851-580(1) by rule through consultation and approval of the board of optometry and board of pharmacy.

   (2) Medications approved by the Food and Drug Administration in categories that are within the scope of optometric practice that are not included in WAC 246-851-580(1) may be added through consultation and approval of the board of optometry and the board of pharmacy. Approval will follow the joint process established by both boards.

   (3) WAC 246-851-580 and 246-851-590 may be updated to reflect additions or removal of medications.

WAC 246-851-990 Optometry fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

   (2) The following nonrefundable fees will be charged:

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