

Chapter 246-851 WAC OPTOMETRISTS

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WAC

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246-851-020 Renewal of licenses. [Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-020, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-020, filed 2/26/91, effective 3/29/91; WSR 88-07-047 (Order PM 710), § 308-53-010, filed 3/11/88; Order PL 239, § 308-53-010, filed 3/3/76; Order 228, § 308-53-010, filed 11/6/75; Order PL 173, § 308-53-010, filed 8/22/74.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-030 Temporary permit policy recommendation. [Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-030, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-030, filed 2/26/91, effective 3/29/91; WSR 88-07-047 (Order PM 710), § 308-53-030, filed 3/11/88. Statutory Authority: RCW 18.54.070(5); WSR 84-09-082 (Order PL 465), § 308-53-030, filed 4/18/84; WSR 78-02-030 (Order PL 281), § 308-53-030, filed 1/17/78.] Repealed by WSR 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.

246-851-050 Examination eligibility. [Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-050, filed 2/26/91, effective 3/29/91; WSR 90-11-080 (Order 056), § 308-53-075, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). WSR 86-13-008 (Order PM 598), § 308-53-075, filed 6/5/86.] Repealed by WSR 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.

246-851-060 Examination subjects. [Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-060, filed 2/26/91, effective 3/29/91; WSR 90-11-080 (Order 056), § 308-53-084, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). WSR 87-09-046 (Order PM 646), § 308-53-084, filed 4/14/87; WSR 86-13-008 (Order PM 598), § 308-53-084, filed 6/5/86.] Repealed by WSR 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.

246-851-070 Grading examinations. [Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-070, filed 2/26/91, effective 3/29/91; WSR 90-11-080 (Order 056), § 308-53-085, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). WSR 87-09-046 (Order PM 646), § 308-53-085, filed 4/14/87; WSR 86-13-008 (Order PM 598), § 308-53-085, filed 6/5/86; WSR 84-09-082 (Order PL 465), § 308-53-085, filed 4/18/84; WSR 83-10-052 (Order PL 433), § 308-53-085, filed 5/3/83; WSR 82-12-077 (Order PL 399), § 308-53-085, filed 6/2/82.] Repealed by WSR 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.

246-851-080 Examination appeal procedures. [Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-080, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-080, filed 2/26/91, effective 3/29/91; WSR 87-17-020 (Order PM 666), § 308-53-320, filed 8/12/87.] Repealed by WSR 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).

246-851-100 Credit hour defined. [Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-100, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-100, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-110, filed 3/3/76.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-110 Courses presumed to qualify for credit. [Statutory Authority: RCW 18.54.070. WSR 10-04-067, § 246-851-110, filed 1/29/10, effective 3/1/10. Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-110, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 94-04-041, § 246-851-110, filed 1/27/94, effective 2/27/94; WSR 93-18-092 (Order 393B), § 246-851-110, filed 9/1/93, effective 10/2/93; WSR 91-06-025 (Order 119B), recodified as § 246-851-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-120, filed 4/27/89. Statutory Authority: RCW 18.54.070. WSR 88-07-047 (Order PM 710), § 308-53-120, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). WSR 84-09-082 (Order PL 465), § 308-53-120, filed 4/18/84; Order PL 239, § 308-53-120, filed 3/3/76.] Repealed by WSR 15-24-119, filed 12/1/15, effective 1/1/16. Statutory Authority: RCW 18.54.070(2).

246-851-130 Post-graduate educational program. [Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-125, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-125, filed 12/28/79.] Repealed by WSR 15-24-119, filed 12/1/15, effective 1/1/16. Statutory Authority: RCW 18.54.070(2).

246-851-160 Credit for reports. [Statutory Authority: RCW 18.54.070(2). WSR 02-10-065, § 246-851-160, filed 4/26/02, effective 5/27/02; WSR 97-12-088, § 246-851-160, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-160, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-145, filed 4/27/89. Statutory Authority: RCW 18.54.070. WSR 88-07-047 (Order PM 710), § 308-53-145, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). WSR 80-04-054 (Order PL 331), § 308-53-145, filed 3/21/80.] Repealed by WSR 04-21-077, filed 10/20/04, effective 11/20/04. Statutory Authority: RCW 18.54.070(2).

246-851-180 Credit for lecturing. [Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-180, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-180, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-150, filed 4/27/89; Order PL 239, § 308-53-150, filed 3/3/76.] Repealed by WSR 15-24-119, filed 12/1/15, effective 1/1/16. Statutory Authority: RCW 18.54.070(2).

246-851-190 Credit for CPR training. [Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-190, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-151, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). WSR 82-12-077 (Order PL 399), § 308-53-151, filed 6/2/82.] Repealed by WSR 15-24-119, filed 12/1/15, effective 1/1/16. Statutory Authority: RCW 18.54.070(2).

246-851-200 Dual acceptance of continuing education credits. [Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-200, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-200, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-155, filed 9/13/76.] Repealed by WSR 02-10-134, filed 5/1/02, effective 6/1/02. Statutory Authority: RCW 18.54.070(2).

- 246-851-210 Certification for continuing education courses. [Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-210, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-165, filed 4/27/89. Statutory Authority: RCW 18.54.070(5) and 18.54.075. WSR 85-16-054 (Order PL 545), § 308-53-165, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-165, filed 12/28/79.] Repealed by WSR 97-12-088, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070(2).
- 246-851-220 Surplus credit hours. [Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-220, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-170, filed 4/27/89. Statutory Authority: RCW 18.54.070. WSR 88-07-047 (Order PM 710), § 308-53-170, filed 3/11/88; Order PL 239, § 308-53-170, filed 3/3/76.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-240 Discretionary exception for emergency situation. [Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-240, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-180, filed 4/27/89; Order PL 239, § 308-53-180, filed 3/3/76.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-270 Retention of minimum contact lens records. [Statutory Authority: RCW 18.54.070. WSR 92-20-048 (Order 308B), § 246-851-270, filed 9/30/92, effective 10/31/92; WSR 91-06-025 (Order 119B), recodified as § 246-851-270, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-210, filed 9/13/76.] Repealed by WSR 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).
- 246-851-340 Transmittal of patient information and records. [Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-340, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-250, filed 7/25/77.] Repealed by WSR 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).
- 246-851-360 Required identification on prescriptions. [Statutory Authority: RCW 18.54.070. WSR 93-18-092 (Order 393B), § 246-851-360, filed 9/1/93, effective 10/2/93; WSR 92-20-048 (Order 308B), § 246-851-360, filed 9/30/92, effective 10/31/92; WSR 91-06-025 (Order 119B), recodified as § 246-851-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 86-13-008 (Order PM 598), § 308-53-265, filed 6/5/86.] Repealed by WSR 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).
- 246-851-390 Practice under trade name. [Statutory Authority: RCW 18.54.070. WSR 92-20-019 (Order 305B), § 246-851-390, filed 9/25/92, effective 10/26/92; WSR 91-06-025 (Order 119B), recodified as § 246-851-390, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 80-04-054 (Order PL 331), § 308-53-280, filed 3/21/80.] Repealed by WSR 03-05-021, filed 2/10/03, effective 3/13/03. Statutory Authority: RCW 18.54.070(2).
- 246-851-430 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-851-430, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.54.070 and 70.24.270. WSR 91-22-061 (Order 210B), § 246-851-430, filed 11/1/91, effective 12/2/91. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-430, filed 2/26/91, effective 3/29/91. Statutory Authority: 1988 c 206 § 604. WSR 89-09-027 (Order 833), § 308-53-400, filed 4/13/89.] Repealed by WSR 21-18-112, filed 8/31/21, effective 10/1/21. Statutory Authority: RCW 18.54.070, 2020 c 229 and 2020 c 76.
- 246-851-480 Temporary permit. [Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.075. WSR 92-06-030 (Order 248B), § 246-851-480, filed 2/26/92, effective 3/28/92.] Repealed by WSR 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).
- 246-851-510 Reinstatement of lapsed license. [Statutory Authority: RCW 18.54.070. WSR 92-20-019 (Order 305B), § 246-851-510, filed 9/25/92, effective 10/26/92.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-530 Determination of contact lens specifications by dispensing opticians. [Statutory Authority: RCW 18.54.070. WSR 92-20-048 (Order 308B), § 246-851-530, filed 9/30/92, effective 10/31/92.] Repealed by WSR 93-18-092 (Order 393B), filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 18.54.070.

EDUCATION REQUIREMENTS

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.

[Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-040, filed 2/26/91, effective 3/29/91; WSR 86-13-009 (Resolution No. PM 597), § 308-53-070, filed 6/5/86. Statutory Authority: RCW 18.54.070(5). WSR 78-02-030 (Order PL 281), § 308-53-070, filed 1/17/78.]

CONTINUING EDUCATION REQUIREMENTS

WAC 246-851-090 Continuing education requirement. (1) The definitions in this subsection apply throughout this section:

(a) "Asynchronous" means the course instructor and learner are not together at the same time, have no real-time communications, and the content is learner-paced.

(b) "Synchronous in-person" means the instructor is in the same room and face-to-face with the learner, even if other formats are used as audiovisual aids for teaching the course.

(c) "Synchronous virtual" means the course instructor is not physically present but is meeting with learners in real time and can provide immediate feedback.

(2) A licensed optometrist must complete and document 50 total hours of continuing education every two years in compliance with WAC 246-12-170 through 246-12-235. Of the 50 total credit hours:

(a) A licensed optometrist shall complete and successfully pass the board-approved jurisprudence examination during their first full continuing education reporting period after initial licensure. Three hours of continuing education will be granted toward the 50-hour requirement.

(b) A minimum of 10 credit hours must be completed through synchronous in-person learning;

(c) A maximum of 25 credit hours may be completed through asynchronous learning;

(d) The remaining credit hours may be completed through any combination of synchronous virtual or synchronous in-person learning; and

(e) In the event of a declaration of emergency for the state of Washington or federal declaration of emergency affecting the state of Washington, all credit hours may be completed through synchronous virtual or asynchronous learning for the duration of the declared emergency.

(3) Documentation of continuing education credit hours is a certificate of completion, letter, or other document which must:

(a) Verify or confirm attendance or completion of continuing education hours, with the exception of hours earned under WAC 246-851-170 category 5;

(b) Be provided by the organization providing the education activity; and

(c) Contain at least the following information:

(i) Date of attendance or completion;

(ii) Hours earned; and

(iii) Course title or subject.

(4) A licensed optometrist may alternatively meet the continuing education requirements of this section by providing proof that the licensee:

(a) Holds a current certification by the American Board of Optometry or other certification program deemed substantially equivalent to American Board of Medical Specialties' programs; or

(b) Is practicing solely outside of Washington state and meets the continuing education requirements of the state or territory in which the licensee practices.

(5) Nothing in this section exempts a licensed optometrist from the education and training requirements for:

(a) Suicide prevention in WAC 246-851-245;

(b) Health equity in WAC 246-851-225; or

(c) Jurisprudence examination in this section.

[Statutory Authority: RCW 18.54.070 and 18.130.077. WSR 24-23-045, s 246-851-090, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-090, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-090, filed 12/1/15, effective 1/1/16. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-851-090, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.54.070(2). WSR 97-12-088, § 246-851-090, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 92-06-030 (Order 248B), § 246-851-090, filed 2/26/92, effective 3/28/92; WSR 91-06-025 (Order 119B), recodified as § 246-851-090, filed 2/26/91, effective 3/29/91; WSR 88-07-047 (Order PM 710), § 308-53-100, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-100, filed 12/28/79; Order PL 239, § 308-53-100, filed 3/3/76.]

WAC 246-851-120 Approval of courses. The board will not authorize or approve specific continuing education courses or materials. All continuing education courses must contribute to the professional knowledge and development of the practitioner, enhance services provided to patients, and contribute to the practitioner's ability to deliver current standards of care. The board will accept continuing education that reasonably falls within these criteria, and relies upon the integrity of each individual practitioner, as well as that of program sponsors, in complying with this requirement and experiencing meaningful and meritorious learning. The board reserves the right to not accept credits from any category for any practitioner if, upon auditing, it determines that a course or material did not provide appropriate information or training.

[Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-120, filed 12/1/15, effective 1/1/16; WSR 97-12-088, § 246-851-120, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-120, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-123, filed 4/27/89.]

WAC 246-851-125 Category 1—Credit for education from optometry-specific organizations. (1) A minimum of 25 credit hours in category 1 must be earned in any two-year reporting period.

(2) Credits may be obtained for education offered by the following optometry-specific course and program sources:

(a) The American Optometric Association (AOA) and its state affiliates;

(b) Educational institutions accredited by the Association of Schools and Colleges of Optometry (ASCO);

(c) The Association of Regulatory Boards of Optometry's (ARBO) Council on Optometric Practitioner Education (COPE)—Accredited education;

(d) ARBO member boards;

(e) Nationally recognized academic and scholarly optometric organizations including, but not limited to, the American Academy of Optometry, the Optometric Extension Program, and the College of Optometrists in Vision Development; and

(f) Ophthalmic referral centers, secondary and tertiary ophthalmic specialty providers.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-125, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-125, filed 12/1/15, effective 1/1/16.]

WAC 246-851-140 Category 2—Credit for education from nonoptometric organizations. (1) A maximum 20 credit hours in category 2 may be earned in any two-year reporting period.

(2) Credits may be obtained for education offered by the following nonoptometry-specific course and program sources:

(a) Continuing medical education courses in category 1 and category 2 as approved by the American Medical Association or their affiliates;

(b) First aid, cardiopulmonary resuscitation, and other emergency-related courses; and

(c) Industry-sponsored scientific courses that enhance the knowledge of ocular conditions and diseases, and their treatments.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-140, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-140, filed 12/1/15, effective 1/1/16; WSR 97-12-088, § 246-851-140, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-135, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-135, filed 12/28/79.]

WAC 246-851-150 Category 3—Credit for teaching. (1) A maximum of 10 credit hours in category 3 may be earned in any two-year reporting period.

(2) Credits may be obtained for formal and informal optometric instruction.

- (a) Three credit hours will be granted for each course hour taught.
- (b) Credit will be granted for only the first time a course is taught.
- (c) Qualifying courses must be presented to practitioners or allied health professionals.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-150, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-150, filed 12/1/15, effective 1/1/16; WSR 02-10-065, § 246-851-150, filed 4/26/02, effective 5/27/02; WSR 97-12-088, § 246-851-150, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-150, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-140, filed 3/3/76.]

- WAC 246-851-155 Category 4—Credit for publishing and exhibiting.**
- (1) A maximum of 10 credit hours in category 4 may be earned in any two-year reporting period.
 - (2) Five credits may be obtained for each paper, exhibit, publication, or for each chapter of a book that is authored and published.
 - (a) A paper must be published in a recognized optometric, scientific, or medical journal.
 - (b) A qualifying paper or exhibit must be presented to practitioners or allied health professionals.
 - (c) Credit may be claimed only once for the scientific materials published or exhibited.
 - (d) Credit will be assigned as of the date materials were presented or published.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-155, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-155, filed 12/1/15, effective 1/1/16.]

- WAC 246-851-170 Category 5—Credit for self-study.**
- (1) A maximum of 10 credit hours may be earned through self-study without an instructor physically present.
 - (2) A licensed optometrist shall receive two credit hours for each self-study completed. Each self-study must include:
 - (a) A copy of the article, and its publication source and date; and
 - (b) A two-page typewritten and dated synopsis of what has been learned by the licensed optometrist.
 - (3) Self-study material must be from professional optometrist or medical literature, and includes reading a book, study clubs, research materials or other publications that contribute to the professional knowledge and development of the licensed optometrist, or enhance services provided to patients.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-170, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, §

246-851-170, filed 12/1/15, effective 1/1/16; WSR 04-21-077, § 246-851-170, filed 10/20/04, effective 11/20/04; WSR 97-12-088, § 246-851-170, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-170, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-146, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). WSR 80-04-054 (Order PL 331), § 308-53-146, filed 3/21/80.]

WAC 246-851-225 Optometrist health equity continuing education training requirements.

(1) Optometrists must complete a minimum of two hours in health equity continuing education training every four years by complying with WAC 246-12-800 through 246-12-830.

(2) This training must be completed by the end of the second full continuing education reporting period after January 1, 2024, or the second full continuing education reporting period after initial licensure, whichever is later.

(3) The hours spent completing health equity continuing education under this section count toward meeting applicable continuing education requirements for optometrist license renewal.

(4) The board may randomly audit up to 25 percent of licensed optometrists every two years for compliance after the license is renewed as allowed by WAC 246-12-190.

[Statutory Authority: RCW 18.54.070, 43.70.040, 43.70.613, and 18.130.040. WSR 23-22-066, § 246-851-225, filed 10/25/23, effective 11/25/23.]

WAC 246-851-230 Credits for practice management courses. A maximum of 10 credit hours may be granted in any two-year reporting period for practice management courses or programs.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-068, § 246-851-230, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070(2). WSR 15-24-119, § 246-851-230, filed 12/1/15, effective 1/1/16; WSR 97-12-088, § 246-851-230, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-230, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). WSR 89-10-030 (Order PM 839), § 308-53-175, filed 4/27/89.]

WAC 246-851-235 Credits for cultural competency in clinical care.

(1) This section addresses the increasing demand for health care practitioners to provide effective care for patients of diverse cultural and social origins. All optometrists are encouraged to increase their knowledge and practice skills to provide effective care to all patients regardless of race, ethnicity, gender, or primary language.

(2) Continuing education credit will be granted for courses or materials related to the awareness of health disparities among differ-

ent populations and the ability to effectively provide health services in cross cultural situations.

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

[Statutory Authority: RCW 18.54.070 and 43.70.615. WSR 15-05-053, § 246-851-235, filed 2/13/15, effective 3/16/15.]

WAC 246-851-245 Optometrist suicide prevention education. A licensed optometrist or a retired active licensed optometrist shall complete a board-approved, one-time training in suicide prevention that is at least three hours in length. Training must include screening and referral.

(1) This training must be completed by the end of the first full continuing education reporting period after August 1, 2021, or during the first full continuing education reporting period after initial licensure, whichever is later.

(2) Training accepted by the board must be on the department's model list as authorized in WAC 246-12-601 through 246-12-650.

(3) Training completed between June 11, 2020, and August 1, 2021, that meets the requirements of subsection (2) of this section, is accepted as meeting the one-time training requirement of this section.

(4) The hours spent completing the training in suicide assessment under this section count toward meeting applicable continuing education requirements for optometrist license renewal.

[Statutory Authority: RCW 18.54.070, 2020 c 229 and 2020 c 76. WSR 21-18-112, § 246-851-245, filed 8/31/21, effective 10/1/21.]

FACILITIES AND PRACTICE MANAGEMENT STANDARDS

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) Pupillary distance measuring device;
- (f) Projector and screen; or illuminated test cabinet, or chart for distant vision testing;
- (g) Nearpoint vision testing equipment;
- (h) Lensometer;
- (i) Tonometer;
- (j) Biomicroscope/slit lamp;
- (k) 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.

[Statutory Authority: RCW 18.54.070(2). WSR 02-10-065, § 246-851-250, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-250, filed 2/26/91, effective 3/29/91; WSR 89-01-087 (Order 812), § 308-53-200, filed 12/21/88, effective 1/1/90; Order PL 256, § 308-53-200, filed 9/13/76.]

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 on or near the mobile unit which the public may reasonably be expected to see and comprehend.

[Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-260, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 78-02-030 (Order PL 281), § 308-53-205, 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.

[Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 81-06-012 (Order PL 367), § 308-53-215, filed 2/20/81.]

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. WSR 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.

[Statutory Authority: RCW 18.54.070(2). WSR 02-10-065, § 246-851-300, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 81-06-012 (Order PL 367), § 308-53-230, filed 2/20/81; WSR 78-02-030 (Order PL 281), § 308-53-230, filed 1/17/78; Order PL-271, § 308-53-230, filed 7/25/77.]

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.

[Statutory Authority: RCW 18.54.070(2). WSR 02-10-065, § 246-851-310, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 78-02-030 (Order PL 281), § 308-53-235, filed 1/17/78.]

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. WSR 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.

[Statutory Authority: RCW 18.54.070(2). WSR 02-10-065, § 246-851-330, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-245, filed 12/28/79.]

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

[Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 78-02-030 (Order PL 281), § 308-53-260, filed 1/17/78.]

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.

[Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5) and 18.54.075. WSR 85-16-054 (Order PL 545), § 308-53-270, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-270, filed 12/28/79.]

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.

[Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-380, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 80-01-088 (Order PL 326), § 308-53-275, filed 12/28/79.]

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 60 hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum 75 hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Department of Education or the Council on Higher Education 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.
 - (i) Corneal barrier, blood-aqueous, /-retinal barrier.
 - (ii) Routes of drug administration for ocular disease.
 - (iii) Prescription writing and labeling.
 - (iv) Ocular side-effects of systemic drugs.
- (b) Anti-infectives.
 - (i) General principles of anti-infective drugs.
 - (ii) Antibacterial drugs.
 - (iii) Treatment of ocular bacterial infections.
 - (iv) Antiviral drugs.
 - (v) Treatment of ocular viral infections.
 - (vi) Antifungal drugs.

- (vii) Treatment of ocular fungal infections.
- (viii) Antiparasitic drugs.
- (ix) Treatment of parasitic eye disease.
- (c) Anti-inflammatory drugs.
 - (i) Nonsteroidal anti-inflammatory drugs (NSAIDS).
 - (ii) General principles of mast-cell stabilizers.
 - (iii) Antihistamines.
 - (iv) Ocular decongestants.
 - (v) Treatment of allergic disease.
 - (vi) Treatment of inflammatory disease.
 - (vii) Cycloplegic drugs.
 - (viii) Treatment of ocular trauma.
 - (ix) Ocular lubricants.
 - (x) Hypertonic agents.
 - (xi) 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.

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-400, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-400, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-400, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. WSR 89-17-040 (Order PM 853), § 308-53-330, filed 8/11/89, effective 9/11/89.]

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 administered for diagnosis, treatment, or mitigation 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-inflammatories.
 - (f) Hyperosmotics.
 - (g) Anti-parasitics.
- (h) All other topical drugs and compounds used for the diagnosis, treatment or mitigation of conditions of the eye and adnexa approved by the FDA (both on-label and off-label).

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-410, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-410, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. WSR 89-17-040 (Order PM 853), § 308-53-340, filed 8/11/89, effective 9/11/89.]

WAC 246-851-420 Optometrist with prescriptive authorization.

Any optometrist who prescribes outside their scope of practice or 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.

[Statutory Authority: RCW 18.54.070(2) and 18.53.010. WSR 15-08-027, § 246-851-420, filed 3/25/15, effective 4/25/15. Statutory Authority: RCW 18.54.070. WSR 91-06-025 (Order 119B), recodified as § 246-851-420, filed 2/26/91, effective 3/29/91; WSR 89-22-102, § 308-53-350, filed 11/1/89, effective 12/2/89.]

SUBSTANCE USE DISORDER MONITORING

WAC 246-851-440 Philosophy governing voluntary substance use disorder 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 substance use disorder. 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 use disorder monitoring programs and shall refer optometrists impaired by substance use disorder to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.54.070, 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-067, § 246-851-440, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. WSR 92-06-030 (Order 248B), § 246-851-440, filed 2/26/92, effective 3/28/92.]

WAC 246-851-450 Definitions. The definitions in this section apply in WAC 246-851-440 through 246-851-470 unless the context clearly requires otherwise.

(1) "Aftercare" means 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.

(2) "Approved substance use disorder monitoring program" or "approved monitoring program" means 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 use disorder problems regarding the required components of the optometrist's recovery activity and oversees the optometrist's compliance with these requirements. Substance use disorder monitoring programs do not provide evaluation or treatment to participating optometrists.

(3) "Approved treatment facility" means a facility recognized as such according to RCW 18.130.175(1).

(4) "Contract" means 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.

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

(6) "Impaired" or "impairment" means the inability to practice optometry with reasonable skill and safety to patients by reason of a health condition.

(7) "Random drug screens" means laboratory tests to detect the presence related to a substance use disorder in body fluids which are performed at irregular intervals not known in advance by the person being tested.

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

(9) "Support group" means 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.

(10) "Twelve step groups" means 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.

[Statutory Authority: RCW 18.54.070, 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-067, § 246-851-450, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. WSR 92-06-030 (Order 248B), § 246-851-450, filed 2/26/92, effective 3/28/92.]

WAC 246-851-460 Approval of monitoring programs. The board shall approve the monitoring program which shall participate in the board's substance use disorder 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 use disorder 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 use disorder 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 requirement 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.

[Statutory Authority: RCW 18.54.070, 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-067, § 246-851-460, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. WSR 92-06-030 (Order 248B), § 246-851-460, filed 2/26/92, effective 3/28/92.]

WAC 246-851-470 Participation in approved monitoring program.

(1) In lieu of disciplinary action, the optometrist may accept board referral into the approved monitoring program or voluntary substance use disorder 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 professionals with expertise in chemical dependency.

(b) The optometrist shall enter into a contract with the board and the approved 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 use disorder 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 or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor 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 or 12 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 use disorder 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 use disorder may voluntarily participate in the approved substance use disorder 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 use disorder, 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 professionals with expertise in chemical dependency.

(b) The optometrist shall enter into a contract with the approved substance use disorder 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 use disorder 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 or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor 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 or 12 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 use disorder treatment, and random drug screens.

(3) Treatment and pretreatment records shall be confidential as provided by law in chapters 42.56 and 42.17A RCW.

[Statutory Authority: RCW 18.54.070, 18.130.050, 18.130.175, and 18.130.186. WSR 23-22-067, § 246-851-470, filed 10/25/23, effective 11/25/23. Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. WSR 92-06-030 (Order 248B), § 246-851-470, filed 2/26/92, effective 3/28/92.]

LICENSURE REQUIREMENTS

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

(4) 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.

(5) Be of good moral character.

(6) 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).

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

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

[Statutory Authority: RCW 18.54.070 and 18.130.077. WSR 24-23-045, s 246-851-490, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070(2). WSR 06-22-104, § 246-851-490, filed 11/1/06, effective 12/2/06; WSR 96-20-087, § 246-851-490, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070. WSR 95-14-114, § 246-851-490, filed 6/30/95, effective 7/31/95; WSR 92-20-019 (Order 305B), § 246-851-490, filed 9/25/92, effective 10/26/92; WSR 92-06-030 (Order 248B), § 246-851-490, filed 2/26/92, effective 3/28/92.]

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. WSR 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.

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

WAC 246-851-505 Temporary practice permit—Military spouse. A military spouse or state registered domestic partner of a military person may receive a temporary practice permit while completing any specific additional requirements that are not related to training or

practice standards for the profession. The board adopts the procedural rules as adopted by the department of health in WAC 246-12-051.

[Statutory Authority: RCW 18.54.070(2) and 18.340.020. WSR 18-11-134, § 246-851-505, filed 5/23/18, effective 6/23/18.]

WAC 246-851-515 License endorsement to perform advanced procedures. A licensed optometrist may perform advanced procedures as provided by RCW 18.53.010 only after being issued a license endorsement to perform advanced procedures by the secretary. The secretary shall issue an endorsement to perform advanced procedures to a licensed optometrist who provides evidence in a manner acceptable to the board, to include the following:

- (1) A completed application on forms provided by the secretary;
- (2) Provide evidence of:
 - (a) A course that contains supervised hands-on experience, with live patients, in the categories of procedures listed in RCW 18.53.010(2) or is supplemented by residency, internship, or other supervised program that offers hands-on experience with patients. The course must:
 - (i) Be offered by an institution of higher education accredited by those agencies recognized by the United States Department of Education or the Council on Higher Education; and
 - (ii) Approved by the Washington state board of optometry.
 - (b) Successful completion of one of the following examinations for advanced procedures:
 - (i) National examination for advanced procedures as defined by the National Board of Examiners in Optometry; or
 - (ii) Examination provided by the course offered by an institution that meets (a)(i) of this subsection;
- (3) Enter into an agreement with a qualified physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW for rapid response if complications occur during an advanced procedure:
 - (a) For the purpose of this section, a qualified physician means a physician who is actively licensed under chapter 18.71 or 18.57 RCW and who is trained in and capable of responding to complications which may arise from the optometric advanced procedures defined in RCW 18.53.010(2);
 - (b) The optometrist shall maintain the completed and signed documentation and have it available upon request by the board if audited;
- (4) A licensed optometrist shall report every advanced procedure authorized under RCW 18.53.010(2) and include any complications or adverse events during their annual reporting period. The reporting period ends December 31, 2028;
- (5) Optometrists are excluded from performing the procedures listed in RCW 18.53.010(3). The performance of these procedures would be considered professional misconduct and would be subject to disciplinary action by the board of optometry.

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-515, filed 11/14/24, effective 12/15/24.]

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). WSR 02-10-065, § 246-851-520, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. WSR 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). WSR 06-22-104, § 246-851-540, filed 11/1/06, effective 12/2/06.]

WAC 246-851-545 Retired active credential. (1) To obtain a retired active credential, an optometrist must comply with chapter 246-12 WAC, Part 5.

(2) An optometrist with a retired active license may not receive compensation for vision care services.

(3) An optometrist with a retired active license must renew the license every year on his or her birthday according to WAC 246-12-130 and 246-851-990 and comply with WAC 246-851-090 Continuing education requirement.

[Statutory Authority: RCW 18.54.070(2) and 18.130.250. WSR 16-01-151, § 246-851-545, filed 12/21/15, effective 1/21/16.]

PROFESSIONAL CONDUCT

WAC 246-851-550 Sexual misconduct. (1) The following definitions apply to this section:

(a) "Patient" means a person 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.

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.

(b) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health

care decisions of the patient and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient.

(2) An optometrist shall not engage, or attempt to engage, in sexual misconduct with a patient or key party, inside or outside the health care setting. Patient or key party initiation or consent does not excuse or negate the health care provider's responsibility. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part;
- (c) Rubbing against a patient or key party for sexual gratification;
- (d) Kissing, touching, fondling or caressing of a romantic or sexual nature;
- (e) Encouraging masturbation or other sex act in the presence of the health care provider;
- (f) Masturbation or other sex act by the health care provider in the presence of the patient or key party;
- (g) Suggesting the possibility of a sexual or romantic dating relationship;
- (h) Discussing the sexual history, preferences or fantasies of the health care provider;
- (i) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
- (j) Making statements regarding the body, sexual history, or sexual orientation of the patient or key party;
- (k) Any verbal or physical contact which may reasonably be interpreted as sexually demeaning;
- (l) Taking sexually explicit photographs or films of a patient or key party;
- (m) Showing a patient or key party sexually explicit photographs.

(3) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense as defined in RCW 9.94A.030.

(4) An optometrist shall not:

- (a) Offer to provide health care services in exchange for sexual favors;
- (b) Use health care information to contact the patient or key party for the purpose of engaging in sexual misconduct;
- (c) Use health care information or access to health care information to meet or attempt to meet the optometrist's sexual needs.

(5) An optometrist shall not engage, or attempt to engage, in the activities listed in subsection (2) of this section with a former patient or key party if:

- (a) There is a significant likelihood that the patient or key party will seek or require additional services from the health care provider; or
- (b) There is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.

(6) When evaluating whether an optometrist engaged, or attempted to engage, in sexual misconduct, the board will consider factors including, but not limited to:

- (a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;
- (b) Transfer of care to another health care provider;

- (c) Duration of the provider-patient relationship;
- (d) Amount of time that has passed since the last health care services to the patient;
- (e) Communication between the health care provider and the patient between the last health care services rendered and commencement of the personal relationship;
- (f) Extent to which the patient's personal or private information was shared with the health care provider;
- (g) Nature of the patient's health condition during and since the professional relationship;
- (h) The patient's emotional dependence and vulnerability; and
- (i) Normal revisit cycle for the profession and service.

[Statutory Authority: RCW 18.54.070(2), 18.130.050, 18.130.062 and Executive Order 06-03. WSR 18-23-057, § 246-851-550, filed 11/16/18, effective 12/17/18. Statutory Authority: RCW 18.54.070. WSR 94-04-041, § 246-851-550, filed 1/27/94, effective 2/27/94.]

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). WSR 95-04-084, § 246-851-560, filed 1/31/95, effective 3/3/95.]

ADMINISTERING AND PRESCRIBING DRUGS

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 drugs administered orally 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 16 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 Department of Education or the Council on Higher Education; 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 16 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) Antiemetic 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;
 - (ix) Other/course review.
- (3) The supervised clinical instruction must include at least eight hours in the following subject areas:
 - (a) Vital signs;
 - (b) Auscultation;
 - (c) Ear, nose and throat;
 - (d) Screening neurological exam.
- (4) Written examination to cover required curriculum.

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-570, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070(2) and 18.53.010. WSR 10-21-067, § 246-851-570, filed 10/15/10, effective 11/15/10. Statutory Authority: 2003 c 142 and RCW 18.54.072(2). WSR 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 (2) and (7), the optometry board adopts the following drug formulary of oral Schedule II hydrocodone combination products, Schedule III through V controlled substances, legend drugs, and injectable drugs for diagnostic, therapeutic, or mitigation 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 and injectable 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) Analgesics and adjuvant analgesics agents.
 - (b) Antibiotic agents excluding those listed in WAC 246-851-590(1).
 - (c) Antiemetic agents listed under WAC 246-851-590(3).
 - (d) Antifungal agents listed under WAC 246-851-590(2).
 - (e) Antihistamine agents.
 - (f) Antiparasitic agents.
 - (g) Antiviral agents.
 - (h) Corticosteroid agents.
 - (i) Decongestant agents.
 - (j) Diagnostic dye agents.
 - (k) Diuretic agents listed under WAC 246-851-590(4).
 - (l) Dry eye agents.
 - (m) Nonsteroidal anti-inflammatory agents excluding those listed in WAC 246-851-590(5).
- (2) Approved oral controlled substances limited to Schedule II hydrocodone combination products and Schedules III, IV, and V.
 - (a) Schedule II hydrocodone combination products.
 - (b) Schedule III controlled substances.
 - (c) Schedule IV controlled substances.
 - (d) Schedule IV anti-anxiety/sedative substances.
 - (e) Schedule V controlled substances.
- (3) Approved injectable substances. Local injections with the exception of, vitreous, subtenon, retrobulbar, intraorbital, or botulinum toxin.
 - (a) Local anesthetic agents, with or without epinephrine, with or without buffer.
 - (b) Local antibiotic agents excluding those listed in WAC 246-851-590(1).
 - (c) Local antifungal agents listed under WAC 246-851-590(2).
 - (d) Local corticosteroid agents.
 - (e) Local and IV diagnostic dye agents.
 - (f) IM epinephrine for the treatment of anaphylactic shock.

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-580, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070(2) and 18.53.010(4). WSR 19-04-071, § 246-851-580, filed 2/1/19, effective 3/4/19. Statutory Authority: RCW 18.54.070(2) and 18.53.010. WSR 16-16-017, § 246-851-580, filed 7/21/16, effective 8/21/16. Statutory Authority: 2003 c 142 and RCW 18.54.070(2). WSR 04-12-127, § 246-851-580, filed 6/2/04, effective 7/3/04.]

WAC 246-851-590 Guidelines for the use of oral and injectable Schedule II hydrocodone combination products and 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 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 forms of polyene antifungals.
 - (b) All forms and dosages of imidazole antifungals.

- (c) All forms and dosages of triazole antifungals.
- (3) Antiemetic 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.
 - (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) Schedule II controlled substance will only include hydrocodone combination products.
 - (8) Schedules III and IV controlled substances will have a maximum quantity count of 30 dosage units per prescription.
 - (9) Specific dosage for use and appropriate duration of treatment of oral medications listed in WAC 246-851-580(1) will be consistent with Food and Drug Administration on- and off-label indications.
 - (10) Notation of purpose shall be included on all prescriptions.
 - (11) An optometrist may not:
 - (a) 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
 - (b) If treatment exceeding the time limitation indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.
 - (12) To prescribe oral corticosteroids for more than seven days, an optometrist must consult with a licensed physician.
 - (13) 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.
 - (14) 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 with the exception of Schedule II hydrocodone combination products.

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-590, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070(2) and 18.53.010(4). WSR 19-04-071, § 246-851-590, filed 2/1/19, effective 3/4/19. Statutory Authority: RCW 18.54.070(2) and 18.53.010. WSR 16-16-017, § 246-851-590, filed 7/21/16, effective 8/21/16. Statutory Authority: 2003 c 142 and RCW 18.54.070(2). WSR 04-12-127, § 246-851-590, filed 6/2/04, effective 7/3/04.]

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 Department of Education or the Council on Higher Education 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.

[Statutory Authority: RCW 18.53.010 and 18.54.070. WSR 24-23-044, s 246-851-600, filed 11/14/24, effective 12/15/24. Statutory Authority: RCW 18.54.070(2) and 18.53.010. WSR 10-21-067, § 246-851-600, filed 10/15/10, effective 11/15/10. Statutory Authority: 2003 c 142 and RCW 18.54.072(2). WSR 04-05-004, § 246-851-600, filed 2/5/04, effective 3/7/04.]

WAC 246-851-610 Approval or removal of medications. The board of optometry and pharmacy quality assurance commission 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 pharmacy quality assurance commission.

(2) Medications approved by the Food and Drug Administration in categories that are within the scope of optometric physician 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 pharmacy quality assurance commission. Approval will follow the joint process established by the board and commission.

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

[Statutory Authority: RCW 18.54.070(2). WSR 14-12-059, § 246-851-610, filed 5/30/14, effective 6/30/14. Statutory Authority: 2003 c 142 and RCW 18.54.070(2). WSR 04-12-127, § 246-851-610, filed 6/2/04, effective 7/3/04.]

FEES

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.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Original application	
Application	\$130.00
Out-of-state seminar	100.00
UW online access fee (HEAL-WA)	16.00
Active license renewal	
Renewal	150.00
Late renewal penalty	75.00
Expired license reissuance	75.00
UW online access fee (HEAL-WA)	16.00
Inactive license renewal	
Renewal	75.00
Late renewal penalty	50.00
UW online access fee (HEAL-WA)	16.00
Retired active license renewal	
Renewal	94.00
Late renewal penalty	50.00
UW online access fee (HEAL-WA)	16.00
Duplicate license	15.00
Verification of license	25.00

[Statutory Authority: RCW 43.70.280. WSR 15-19-149, § 246-851-990, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 18.130.250 and 43.70.250. WSR 15-07-004, § 246-851-990, filed 3/6/15, effective 4/6/15. Statutory Authority: RCW 43.70.110 (3)(c) and 43.70.250. WSR 12-19-088, § 246-851-990, filed 9/18/12, effective 11/1/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-851-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-851-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250. WSR 06-24-048, § 246-851-990, filed 12/1/06, effective 1/1/07. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-851-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-851-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-851-990, filed 2/13/98, effective 3/16/98. Statutory Authority:

RCW 43.70.250. WSR 96-20-088, § 246-851-990, filed 10/1/96, effective 11/1/96; WSR 95-14-111, § 246-851-990, filed 6/30/95, effective 7/31/95; WSR 92-23-006 (Order 311), § 246-851-990, filed 11/5/92, effective 12/6/92; WSR 92-06-029 (Order 246), § 246-851-990, filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 43.70.250. WSR 91-13-002 (Order 173), § 246-851-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. WSR 91-06-028 (Order 137), recodified as § 246-851-990, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.24.086. WSR 87-10-028 (Order PM 650), § 308-53-020, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. WSR 83-17-031 (Order PL 442), § 308-53-020, filed 8/10/83. Formerly WAC 308-53-310.]