

**RULES AND REGULATIONS**  
**PERTAINING TO OPTOMETRISTS**  
(R5-35-OPT)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Department of Health  
January 1964

*As Amended:*

January 1974

January 1983

June 1987

June 1987 (E)

October 1987 (E)

January 1988 (E)

March 1988

December 1989

February 1990

May 1992

September 1993

November 1993

February 1997

August 1999

November 2001

January 2002 (re-filing in  
accordance with the provisions of  
section 42-35-4.1 of the Rhode  
Island General Laws, as amended)

**March 2003**

## ***INTRODUCTION***

These *Rules and Regulations Pertaining to Optometrists (R5-35-OPT)* are promulgated pursuant to the authority conferred under sections 5-35-5 and 5-35-1.1 of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting minimum standards for the licensure and certification of optometrists in Rhode Island.

In accordance with the provisions of section 42-35-3 (c) of the General Laws of Rhode Island, as amended, consideration was given in arriving at the amendments as to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) any significant economic impact on small business as defined in Chapter 42-35 of the General Laws as a result of the amended regulations. Based on the available information, no known alternative approach, duplication or overlap or significant economic impact was identified.

These rules and regulations shall supersede any previous *Rules and Regulations Pertaining to Optometrists* promulgated by the Department of Health and filed with the Secretary of State.

## **TABLE OF CONTENTS**

	<i>Page</i>
<b>PART I      <i>Definitions</i></b>	<b>1</b>
1.0    Definitions	
<b>PART II      <i>Licensure And Certification Requirements/ Optometrists</i></b>	<b>3</b>
2.0    License and Certification Requirements	3
3.0    Qualifications for Licensure and Certification	3
4.0    Application/Fee	6
5.0    Examinations	7
6.0    Internship	8
7.0    Issuance and Renewal of License and Certification	9
8.0    Continuing Education	10
9.0    Practice of Optometry	11
10.0   Denial, Suspension and Revocation of License and Certification	14
<b>PART III     <i>Advertising, Sanctions, Practices And Procedures, Severability</i></b>	<b>16</b>
11.0   Advertising	16
12.0   Sanctions/Violations	16
13.0   Practices and Procedures	16
14.0   Severability	16
<b>APPENDIX I</b>	<b>17</b>
<b>APPENDIX II</b>	<b>18</b>
<b>APPENDIX III</b>	<b>19</b>
<b>APPENDIX IV</b>	<b>22</b>
<b>APPENDIX V</b>	<b>23</b>

## PART I *DEFINITIONS*

### Section 1.0 *Definitions*

Wherever used in these rules and regulations, the following terms shall be construed to mean:

- 1.1 "**Act**" refers to Chapter 5-35 of the General Laws of Rhode Island, as amended, entitled "Optometrists."
- 1.2 "**Amplified practice**" means an optometrist licensed in this state to practice optometry and authorized by the Board to administer and prescribe all topical pharmaceutical agents in the treatment of conditions of the human eye and its appendages, including anterior uveitis and glaucoma, without surgery or other invasive techniques, and in accordance with the requirements herein.
- 1.3 "**Board**" refers to the Board of Examiners for Optometry established under the provisions of section 5-35-2 of the Act.
- 1.4 "**Certified optometrist**" means an optometrist licensed in this state to practice optometry and authorized by the Board to administer and prescribe topical ocular pharmaceutical agents in the treatment of ocular conditions of the anterior segment of the human eye and its appendages, (with the exception of uveitis and glaucoma) without surgery or other invasive techniques, and in accordance with the requirements herein.
- 1.5 "**Director**" refers to the Director, Rhode Island Department of Health.
- 1.6 "**Direct supervision**" means that the preceptor provides one-to-one oversight of the intern at all times.
- 1.7 "**Division**" refers to the Division of Professional Regulation, Rhode Island Department of Health.
- 1.8 "**Optometrist**" means an individual licensed in this state to practice optometry pursuant to the provisions of Chapter 5-35 of the General Laws and the rules and regulations herein.
- 1.9 "**Optometry**" means the profession whose practitioners are engaged in the art and science of the evaluation of vision and the examination of vision and the examination and refraction of the human eye which includes: the employment of any objective or subjective means for the examination of the human eye or its appendages; the measurement of the powers or range of human vision or the determination of the accommodative and refractive powers of the human eye or the scope of its functions in general and the adaptation of lenses, prisms, and/or frames for the aid thereof; the prescribing, directing the use of or administering ocular exercises, visual training, vision training, or orthoptics, and the use of any optical device in connection therewith; the prescribing of contact lenses for, or the fitting or adaptation of contact lenses to the human eye; the examination or diagnosis of the human eye to ascertain the presence of abnormal conditions or functions; and the topical application of drugs to the eye, to wit, mydriatics, miotics, and the use of topical anesthetics, provided, however, that no optometrist licensed in this state shall treat by the use of these drugs or attempt to perform any surgery and shall be used only for the purpose of detecting any diseased or pathological condition of the

eye, or the effects of any disease or pathological condition of the eye, further provided however, that with respect to presently licensed optometrists, only presently licensed optometrists who: (1) have satisfactorily completed a course in pharmacology, as it applies to optometry, at an institution accredited by a regional or professional accreditation organization which is recognized by the national commission on accreditation, with particular emphasis on the topical application of drugs to the eye for the purposes of detecting any diseased or pathological condition of the eye; or the effects of any disease or pathological condition of the eye, approved by the Board of Examiners in Optometry and the Chief of Pharmacy of the Department; and (2) have successfully completed an examination given by the Board in conjunction with the Chief of Pharmacy of the Department, shall be permitted to apply drugs topically to the eye for the purpose of detecting any diseased or pathological condition of the eye, or the effects of any disease or pathological condition of the eye. The Chief of Pharmacy shall consult and advise the Board with respect to that portion of the examination dealing with pharmacology.

1.10 **“Vision training”**, as referenced in section 1.9 herein, includes:

- a) **“vision therapy”** means the assessment, diagnosis, treatment, or prescription of treatment for conditions of the visual system or management of a patient with vision therapy, visual training, visual rehabilitation, orthotics or eye exercises. Anyone who holds him/herself out as being able to do so for the rehabilitation and/or treatment of physical, physiological, sensorimotor, neuromuscular or perceptual anomalies of the eyes or vision system or who prescribes or utilizes lenses, prisms, filters, occlusion, or other devices for the enhancement, rehabilitation and/or treatment of the visual system or prevention of visual dysfunctions, except under the supervision and management of a licensed optometrist, is engaged in the practice of optometry.
- b) **“Low vision rehabilitation”** means the evaluation, diagnosis, and management of the low vision patient, including but not limited to, prescription, low vision rehabilitation therapy, education and interdisciplinary consultation when indicated. Any person who prescribes or provides comprehensive low vision care for the rehabilitation and/or treatment of the visually impaired or legally blind patient, prescribes corrective spectacles, contact lenses, prisms, or filters, employs any means for the adaptation of lenses, low vision devices, prisms, filters, evaluates the need for, recommends, or prescribes optical, electronic or other low vision devices; or recommends or provides low vision rehabilitation services independent of a clinical treatment plan prescribed by an optometrist or ophthalmologist shall be considered to be engaged in the practice of optometry.

## PART II *LICENSURE AND CERTIFICATION REQUIREMENTS FOR OPTOMETRISTS*

### Section 2.0 *Licensure and Certification Requirements*

- 2.1 Any person practicing or offering to practice optometry in this state must be licensed as an optometrist in Rhode Island in accordance with the statutory and regulatory requirements herein.
  - 2.1.1 Furthermore, optometrists licensed in this state who desire to administer and prescribe topical pharmaceutical agents in the treatment of ocular conditions of the human eye and its appendages, without the use of surgery or other invasive techniques, must be certified by the Board in accordance with the requirements herein. Provided, however, that as of March 20, 1997, individuals who are licensed and certified to prescribe certain topical therapeutic pharmaceutical agents may continue to prescribe said medications in accordance with that certification; and those individuals who hold diagnostic pharmaceutical privileges as of March 20, 1997, may continue to exercise those privileges.
- 2.2 Any optometrist who utilizes latex gloves shall do so in accordance with the provisions of the *Rules and Regulations Pertaining to the Use of Latex Gloves by Health Care Workers, in Licensed Health Care Facilities, and by Other Persons, Firms, or Corporations Licensed or Registered by the Department* promulgated by the Department of Health.

### Section 3.0 *Qualifications For Licensure and Certification*

#### *Basic Licensure Requirements*

- 3.1 An applicant seeking licensure to practice optometry in this state must:
  - a) be of good moral character;
  - b) be not less than eighteen (18) years of age;
  - c) have attended at least two (2) years of an undergraduate college and have graduated from a school or college of optometry which maintains a course in optometry of no less than four (4) years and approved by the Division;
  - d) have successfully passed all sections of the National Board Examination;
  - e) if not licensed by endorsement in accordance with section 5.4 (a) herein, have successfully completed a full-time internship in optometry for a period of six (6) months under the supervision of a (registered) licensed optometrist or duly licensed doctor of medicine practicing ophthalmology in accordance with Appendix I herein;  
and
  - f) have successfully completed seventy-two (72) hours of clinical therapeutic training with a board-certified ophthalmologist and in accordance with the provisions of Appendix IV herein.

Such clinical therapeutic training shall consist of seventy-two (72) hours of no less than a three (3) month time period, which shall be in addition to the six hundred (600) hours of no less than a six (6) month internship program as set forth in Appendix I. These preceptorships may be done concurrently.

- g) Candidates seeking initial licensure in Rhode Island must be certified in the use of therapeutic pharmaceuticals in accordance with the requirements of section 5-35-1.2 of the General Laws, and have successfully completed the educational and certification requirements related to the amplification of privileges to treat anterior uveitis of section 3.2 herein.

***Therapeutic Pharmaceutical Certification Requirements: Level Two: Certification/Educational Requirements Related to Amplification of Privileges to Treat Anterior Uveitis and Glaucoma***

3.2 All applicants for initial licensure in Rhode Island or any licensed applicant who seek certification to use all topical therapeutic pharmaceuticals used in the treatment of conditions of the human eye and its appendages including, but not limited to, the removal of superficial foreign bodies from the eye and the treatment of the diseases of anterior uveitis and glaucoma, without the use of surgery or other invasive techniques, shall complete the following requirements:

- a) complete a transcript quality course of study, which shall include, but not be limited to, the appropriate use of all such topical pharmaceuticals to be administered and prescribed by duly licensed optometrists. The Director of Health may direct the Board of Examiners in Optometry to provide for an accredited school or college of optometry to administer this course of study or such other training as acceptable to the Board which shall include the following:
  - i) A minimum of twenty-four (24) hours of classroom study comprised of no less than fourteen (14) hours of study on the advanced diagnosis and treatment of glaucoma, to include the pharmacology of such treatment. The course shall also include no less than ten (10) hours relating to additional conditions of amplified practice which shall include: two (2) hours on the treatment of anterior uveitis; one (1) hour on cortico-steroids and anti-inflammatory medications; two and one-half (2 ½) hours on anti-viral and anti-fungal agents and protozoal parasites; one (1) hour on anti-infectives and combination drug therapy; two (2) hours on the treatment of ocular emergencies and one and one-half (1 ½) hours on standards of care, scope of practice and risk management.

**Or:**

successful completion of the International Association of Boards of Optometry examination in "The Treatment and Management of Ocular Disease" administered after January 1, 1999.

- b) Upon successful completion of the transcript quality course of study and the written examination, or the International Association of Boards of Optometry examination in "The Treatment and Management of Ocular Disease" administered after January 1, 1999, a duly licensed optometrist may prescribe all such topical pharmaceuticals exclusive of those used in the treatment of glaucoma. Prescriptive privileges for those

topical pharmaceuticals used in the treatment of glaucoma will commence upon completion of subsection 3.2 (c) (below) and acceptance of such by the Board.

***Therapeutic Pharmaceutical Certification Requirements: Level Two: Certification Requirements Related to Amplification of Privileges to Treat Glaucoma:***

- c) submit a completed form for each patient (see Appendix V for suggested format) providing evidence that the applicant has performed written consultations with an ophthalmologist which satisfies the following requirements:
  - i) The applicant has consulted with an ophthalmologist regarding no less than twenty (20) glaucoma-related patients and the ophthalmologist has provided written confirmation of this consultation.
  - ii) Up to ten (10) of these glaucoma-related patients may have been diagnosed as glaucoma-related up to one (1) year prior to completion of the requirements in subsection 3.2 (b) above. All twenty (20) glaucoma-related patients shall be followed for a minimum of one (1) year or until the patient is stabilized (i.e., symptoms controlled, vision loss arrested, medication changes not required) whichever is longer; and
  - iii) For each glaucoma-related patient, the applicant shall develop, in consultation with the ophthalmologist, the following:
    - A) A confirmatory evaluation and diagnosis by the ophthalmologist;
    - B) A written plan for diagnostic workup for each patient. This workup shall include the measurement of the patient's visual acuity, pupil assessment, biomicroscopy, intraocular pressure, visual field, anterior chamber angle and evaluation of the optic nerve; and
    - C) A treatment plan for each patient which shall take into account the assessment of the optic nerve, the level of the intraocular pressure, and stability of the clinical course.
  - iv) The methodology of consultation required in sections 3.2 (c)(i) and 3.2 (c)(ii) shall be left to the professional discretion of the ophthalmologist and the applicant; provided, however, the applicant may submit to the Board of Examiners in Optometry the completed form once the patient has reached the agreed upon treatment plan (including target pressure and compliance with medications).

Section 4.0 ***Application For License, Certification and Fees***

***Licensure Application***

- 4.1 Application for licensure shall be made on forms provided by the Division, which shall be completed, notarized and submitted to the Division at least thirty (30) days before the scheduled date of internship. Such application shall be accompanied by the following documents:
- a) a certified copy of birth certificate or proof of legal entry into the United States;
  - b) three (3) letters of reference from reputable individuals (other than relatives) who have known the applicant for at least two (2) years;
  - c) a recent identification photograph of the applicant, head and shoulder front view approximately 2 x 3 inches in size;
  - d) if by endorsement, a statement from the Board of Examiners in Optometry in each state in which the applicant has held or holds licensure to be submitted to the Board of this state attesting to the licensure status of the applicant during the time period the applicant held licensure in said state;
  - e) supporting certified transcripts of education credentials as required in section 3.1 herein signed by the dean or registrar of the school of optometry verifying the dates of attendance and completion of program in optometry. Such documentation must consist of original statements and/or photocopies bearing the signature of the dean or registrar and the imprint of the school seal;
  - f) the results of the written National Board Examination submitted directly to the Board by the National Board;
  - g) the application fee of fifty dollars (\$50.00) made payable to the General Treasurer, state of Rhode Island (non-refundable);
  - h) documented evidence of satisfactory completion of internship in optometry in accordance with section 6.0 herein;
  - i) supporting certified transcripts of post-graduate training courses of study in general and ocular therapeutic pharmacology (didactic and clinical) in accordance with the requirements of Appendix III herein (persons who graduated prior to 1 January 1988);
  - j) the results of the International Association of Boards of Optometry examination in "The Treatment and Management of Ocular Disease" as approved by the Director and submitted directly to the Board by the organization and/or agency administering the approved examination;
  - k) a copy of supporting transcripts of training courses of study in general and ocular therapeutic pharmacology (persons who graduated after 1 January 1988);
  - l) signed, written statement submitted directly to the Board by the board-certified ophthalmologist of the applicant's satisfactory completion of seventy-two (72) hours of no less than a three (3) month clinical therapeutic training as set forth in section 3.1 (f) and Appendix IV herein; said seventy-two (72) hours of clinical training may run concurrently with and be credited toward any internship requirements. Additionally, a

written statement shall be submitted directly to the Board by the board-certified ophthalmologist attesting to his/her board-certification status; and

- m) such other information as the Board and/or Division may deem necessary.

## Section 5.0 *Examinations*

### *Examinations For Licensure*

- 5.1 Applicants for licensure to practice optometry shall be required to successfully pass the following examinations as approved by the Board to test the applicant's knowledge and skills to practice optometry in this state pursuant to the statutory and regulatory requirements herein:
  - a) All parts and all sections of the National Board Examination of the National Board of Examiners in Optometry (NBEO); and
  - b) A regional or national clinical competency examination and/or such other examination(s) as approved by the Board.

### *Re-examination*

- 5.2 Any applicant who twice fails the National Board Examination for optometric licensure and/or the International Association of Boards of Optometry examination in "The Treatment and Management of Ocular Disease" will be required to satisfactorily complete a course of at least one semester in an accredited college of optometry in subject(s) failed prior to being eligible to take further re-examination.
- 5.3 Opportunity for re-examination of any applicant who, three times, fails the clinical competency examination for licensure and/or certification, shall be subject to the applicant's completion of additional requirements as may be recommended by the Board on an individual basis.

### *Licensure by Endorsement*

- 5.4 A license to practice optometry may be issued without examination to an applicant who has been duly licensed by examination as an optometrist under the laws of another state or jurisdiction provided:
  - a) the applicant meets the qualifications to practice optometry in this state in accordance with section 3.0 herein, including completion of an internship in another state or jurisdiction that is in accordance with section 3.1 (e) herein; or provides written proof of full-time practice for a minimum period of six (6) months in another state or jurisdiction in areas encompassed by Appendix 1 herein;
  - b) the Board of Examiners in Optometry in each state in which the applicant holds or has held licensure submits to the Board of this state a statement attesting to the licensure status of the applicant during the time period the applicant held licensure in said state;
  - c) that such state accords a like privilege to holders of licenses issued in this state and the applicant has not failed to pass the exam required in this state; and

- d) the applicant submits the license application form with supporting certified documentation of credentials and application fee of sixty-two dollars and fifty cents (\$62.50) made payable to the General Treasurer, State of Rhode Island.
- 5.5 An optometrist from out-of-state seeking certification in this state as a certified optometrist as defined in section 1.4 herein must meet the requirements of section 3.2 (in addition to the requirements of section 5.4 herein) to be a "certified optometrist" in this state.

### Section 6.0 *Internship*

- 6.1 Every applicant seeking licensure to practice optometry in this state shall be required after having successfully passed the National Board Examination, to complete a full-time (no less than thirty-five (35) hours per week) internship in optometry for a period of six (6) months under the supervision of a registered (licensed) optometrist or a duly licensed doctor of medicine practicing ophthalmology approved as a preceptor by the Board.
- 6.1.1 Sites for the clinical internship may vary from experiences at clinics or such other health facilities or centers, provided, however, that no less than three (3) days per week during the full-time internship is spent in the preceptor's office in general practice.
  - 6.1.2 Notwithstanding the provisions of section 6.1.1 above, interns at the completion of their internship must have received clinical experiences in those areas listed in Appendix I. Preceptors shall ensure completion of these clinical experiences.
- 6.2 Prior to commencing internship, applicants for internship and preceptorship shall submit to the Board completed application forms and such other information as the Board deems appropriate to insure compliance with the requirements herein.
- 6.3 Interns shall be under the direct supervision of their preceptor(s) during their full-time internship period.

### *Preceptors*

- 6.4 Preceptors shall provide direct supervision to interns at all times, as defined in section 1.6. Such supervision shall be provided by a registered (licensed) optometrist or a duly licensed doctor of medicine practicing ophthalmology pursuant to section 5-35-12 of the Act.
- 6.5 Requirements for serving as a general optometric preceptor include the following:
- a) The preceptor shall be in practice for a minimum of five (5) years.
  - b) The preceptor shall submit a formal application including his curriculum vitae.
  - c) An optometrist shall be certified in the use of amplified therapeutic pharmaceuticals.
  - d) There shall be spectacle dispensing capabilities on the premises.
  - e) The office of the preceptor shall be equipped with more than one examination room.

- 6.6 The Board reserves the right to review the qualifications of all candidates for preceptorships.
- 6.7 Preceptors shall submit application forms with required information to the Board to receive approval to serve as preceptors.
- 6.8 Violations of the requirements herein by any intern and/or preceptor may be cause for the Board to impose the following penalties:
- a) **Interns:** may be the loss of accumulated internship hours and discontinuation of any licensure issued on the basis of an internship which was carried out in violation of this section; and
  - b) **Preceptors:** may be the loss of the privilege to serve as preceptor, and/or other disciplinary action, if warranted.

#### Section 7.0 ***Issuance and Renewal of License/Certification and Fee***

- 7.1 Upon completion of the aforementioned requirements, the Director may issue a license and/or certification to those applicants found to have satisfactorily met all the requirements herein. Said license and/or certification shall expire annually on the 31st day of January, unless sooner suspended or revoked.
- 7.2 On or before the 31st day of December of each year, the Division shall mail an application for renewal of license and/or certification to each person to whom a license or certification has been issued or renewed during the current year. Every person licensed or certified who intends to practice optometry during the ensuing year shall file a renewal application duly executed together with the renewal fee for licensure of one hundred twenty-five dollars (\$125.00) (non-refundable/non-returnable) made payable to the General Treasurer, state of Rhode Island on or before the 31st day of January in each year.
- 7.3 Upon receipt of a renewal application accompanied by evidence of completion of the prescribed continuing education program requirements as set forth in section 8.0 herein, including payment of fee, the accuracy of the application shall be verified and license and/or certification shall be granted effective 1 February of that year.
- 7.4 In case of neglect or refusal to pay, said Division shall revoke or suspend such license provided, however, that no license shall be so suspended or revoked without first giving sixty (60) days notice in each such case of neglect or refusal and within such period any such optometrist shall have the right to receive a renewal of such license on payment of the renewal fee, together with an added penalty of fifty dollars (\$50.00) (non-refundable/non-returnable).
- 7.5 Retirement from practice for a period not exceeding five (5) years shall not deprive the holder of a license of the right to renew such license upon payment of all annual renewal fees remaining unpaid, and a further fee of fifty dollars (\$50.00) (non-refundable/non-returnable).

#### Section 8.0 ***Continuing Education***

***For Re-Licensure and Re-Certification for those Optometrists with Amplified Privileges:***

- 8.1 Every optometrist licensed to practice optometry with certified and/or amplified privileges in this state under the provisions of the Act and these rules and regulations herein shall on or before the 31st day of January of every third year (beginning with the January 2002 renewal cycle) submit to the Board satisfactory evidence of having completed in the preceding three (3) calendar years, no less than sixty (60) hours of continuing education in optometry or other related health field, in course(s) that shall include thirty (30) or more hours of approved courses in pharmacology for the treatment and management of ocular conditions of the eye offered by a recognized provider meeting the *Guidelines For Continuing Optometric Education* of the American Optometric Association, or the provider of American Medical Association (AMA) Category I programs, or any course approved by the Board. As used herein, a "recognized provider" is any person, group, or organization approved by the Board as responsible and competent to provide continuing education courses and includes providers accredited by an appropriate national, regional, or state accreditation agency.
- 8.2 Furthermore, the Board will only accept:
- a) a maximum of twelve (12) hours every three (3) years in an approved home study course(s);
  - b) a maximum of twelve (12) hours every three (3) years in an approved practice management course(s);
  - c) a maximum of six (6) hours every three (3) years in approved lectures to professional groups; and
  - d) one (1) hour credit for each publication of a paper in any national or regional journal up to a maximum of six (6) credit hours every three (3) years.

***For Re-Licensure for those Optometrists without Therapeutic Certification:***

- 8.3 Optometrists licensed to practice optometry without therapeutic certification must show evidence of forty-eight (48) hours of continuing education in optometry or other related health fields in the three (3) calendar years preceding the most recent license renewal. Furthermore, the Board will only accept:
- a) a maximum of twelve hours every three (3) years in approved home study course(s);
  - b) a maximum of twelve (12) hours every three (3) years in an approved practice management course(s);
  - c) a maximum of six (6) hours every three (3) years in approved lectures to professional groups; and
  - d) one (1) hour credit for each publication of a paper in any national or regional journal up to a maximum of six (6) credit hours every three (3) years.
- 8.4 The Board may waive the continuing education requirement in specific circumstances for due cause such as hardship or for any sufficient reason, if satisfactory evidence is submitted to the Board to that effect.

- 8.5 Two (2) hours of continuing education credits per year will be allowed for those who serve as general optometric preceptors during that year. The preceptor cannot receive credits for the same intern in two different years.

### Section 9.0 *Practice of Optometry*

- 9.1 Pursuant to section 3.2 herein, certified optometrists as defined in section 1.4 herein with amplified privileges, as defined in section 1.2 herein, may:
- a) remove superficial foreign bodies from the conjunctiva, lid and cornea without surgery or other invasive techniques; and
  - b) administer and prescribe topical pharmaceutical agents as provided herein for the treatment of ocular conditions of the human eye and its appendages without surgery or other invasive techniques, and in accordance with the prevailing standards of practice as those of duly licensed physicians providing similar services.
  - c) Treatment of glaucoma with a beta blocker shall require prior consultation with the patient's physician, or other appropriate physician, and shall require the patient's consent. Treatment of glaucoma shall exclude treatment of infantile and congenital glaucoma. Treatment of acute angle closure glaucoma shall be limited to initiation of immediate emergency care.
- 9.2 Patients diagnosed with glaucoma or anterior uveitis shall be managed on a continuing basis by an optometrist in consultation with an ophthalmologist, as appropriate.

### *Scope of Medications*

- 9.3 Medications which may be used by optometrists certified to administer and prescribe topical therapeutic pharmaceutical agents in the treatment of conditions of the human eye and its appendages but not holding amplified privileges in accordance with section 3.2 herein, include topical medication (mast cell inhibitors or stabilizers), lubricants, decongestants, mucolytics, antibiotics, and steroids with a clinical potency not exceeding 1/4% methyl-prednisolone or equivalent.
- 9.4 Topical steroid treatment required beyond fourteen (14) days may be continued only in consultation with an ophthalmologist.
- 9.5 Optometrists authorized by the Board as having amplified privileges, in accordance with section 3.2 herein, may utilize all topical pharmaceutical agents in the treatment of conditions of the human eye and its appendages, including anterior uveitis and glaucoma, without surgery or other invasive techniques, and in accordance with the requirements herein.

### *Minimum/Initial Examination of New Patients*

- 9.6 Pursuant to section 5-35-18 of the Act, every person practicing optometry shall, prior to prescribing eyeglasses, lenses or spectacles perform the following minimum examination of the patient and record same on case record:

- a) name of patient, age, address, date and case history;
- b) visual acuity with and without present glasses, (O.D., O.S., O.U.);
- c) external ocular examination;
- d) ophthalmoscopy (internal ocular examination);
- e) visual fields study (when indicated);
- f) skiametry (static or dynamic); (the use of an automated refractor shall only be considered as an additional test for skiametry);
- g) habitual phorias at distance and near;
- h) subjective refraction and visual acuity at distance and near;
- i) phorias at distance and near with new therapy;
- j) color vision and stereopsis;
- k) recording of complete description of new therapy;
- l) tonometry;
- m) diagnostic pharmaceuticals (when indicated);
- n) gonioscopy (in glaucoma patients initially and when deemed medically appropriate);  
and
- o) in glaucoma patients, dilated fundus examination with binocular indirect ophthalmoscopy, unless contraindicated.

9.7 For contact lenses the following additional procedures must be performed:

- a) ophthalmometry;
- b) black light examination, installation of fluorescein and analysis of pattern;
- c) verification of lenses; and
- d) a comprehensive biomicroscopic evaluation of the anterior segment of the eye with and without the contact lenses in place. This shall be done at frequent intervals to assure that no ocular damage may result from prudent use of contact lenses.

***Minimum Equipment for Optometric Practice***

9.8 At any location where an optometrist practices his or her profession, except for house and nursing home calls, an optometrist shall have at least the following equipment available:

- a) Snellen or projection acuity chart;
- b) lensometer or equivalent lens neutralizing device;
- c) keratometer-ophthalmometer or equivalent;
- d) ophthalmoscope-direct and indirect;
- e) retinoscope;
- f) trial frame and lens set and/or phoropter-refractor;
- g) tonometer;
- h) slit-lamp biomicroscope;
- i) field testing device;
- j) color perception test - Ishihara or equivalent; and
- k) gonioscopy lens.

***Spectacle or Eyeglass Prescriptions***

9.9 A spectacle prescription shall contain all of the information necessary for the accurate fabrication, fitting and dispensing of the spectacles (eyeglasses). All spectacle prescriptions shall contain at least the following information:

- a) Power - sphere, cylinder amount and axis, and prism amount and axis.
- b) Lens type - single vision, bifocal, trifocal, progressive, or other.
- c) Lens Color - Any pertinent data.
- d) Expiration Date - As determined by the prescribing doctor's assessment of the patient's visual status.
- e) Specific Instructions for use.
- f) Name, address and telephone number of prescribing doctor.
- g) Signature and license number of doctor.
- h) An optometrist who writes or fills a spectacle prescription shall maintain a file of that prescription for a period of five (5) years.
- i) ***Special Instructions When Indicated:***

1. Lens Materials - glass, CR-39, high-index material, polycarbonate, or other.
2. Lens Coating - scratch guard, anti-reflective, absorptive tint, or other.
3. Tempering - heat, chemical or other.
4. Pupillary Distances - distance and/or near-point.

Section 10.0 ***Denial, Suspension or Revocation of License and/or Certification***

10.1 In addition to any and all other remedies provided in the Act, pursuant to section 5-35-19 of the Act, the Director may, after due notice and hearing, as provided in the Act and section 12.0 herein, refuse to grant, refuse to renew, suspend or revoke any license and/or certification provided for in the Act to any person who is not of good moral character or who has been guilty of gross unprofessional conduct or conduct of a character likely to deceive or defraud the public or for any fraud or deception committed in obtaining such license or certification. Gross unprofessional conduct is defined as including, but is not limited to, the following:

- a) Conviction of felony or any crime or misdemeanor involving moral turpitude as evidenced by a certified copy of the record of the court convicting;
- b) Continued practice by a person knowingly having a contagious or infectious disease;
- c) Advertising by means of false or deceptive statements;
- d) Peddling from door to door;
- e) Habitual intoxication or addiction to the use of drugs;
- f) The use of any false or fraudulent statement in any document connected with his or her practice;
- g) The obtaining of any fee by fraud or willful misrepresentation of any kind either to a patient or insurance plan;
- h) Willfully betraying professional secrets;
- i) Knowingly performing any act which in any way aids or assists an unlicensed person to practice in violation of the Act;
- j) Violating or attempting to violate, directly or indirectly, or assisting in, or abetting, the violation of, or conspiring to violate, any of the provisions of this chapter or regulations previously or hereafter issued pursuant to the Act;
- k) Gross incompetence;
- l) Repeated acts of immorality or repeated acts of gross misconduct; or

- m) An optometrist providing services to a person who is making a claim as a result of a personal injury, who charges or collects from the person any amount in excess of the reimbursement to the optometrist by the insurer as a condition of providing or continuing to provide services or treatment.

## PART III *ADVERTISING, VIOLATIONS, PRACTICES, PROCEDURES AND SEVERABILITY*

### Section 11.0 *Advertising*

- 11.1 Pursuant to section 5-35-20(b) of the General Laws of Rhode Island, as amended, no optometrist licensed by and practicing in this state shall advertise by written or spoken word of a character tending to deceive or mislead the public.
- 11.2 An optometrist who holds him/herself out to be a specialist in a specific field of optometry practice shall include a statement in all advertisements that reads as follows, "The Rhode Island Department of Health licenses all optometrists in the general practice of optometry. The Department does not license or certify any optometrist as an expert or specialist in any field of practice."
- 11.3 In addition to section 11.1 herein any and all advertising conducted by any optometrist shall conform to the provisions of Chapter 6-13.1 of the General Laws of Rhode Island, as amended, entitled "Deceptive Trade Practices Act."
- 11.4 Any person practicing pursuant to the provisions of Chapter 5-35 of the General Laws of Rhode Island, as amended, shall be required to post his name on the premises where the services are being offered in such a manner as to be clearly visible to the public at the entrance to the premises and on any sign visible outside of the premises which offers the delivery of optometric services.
- 11.5 Advertisement of any type (electronic or print media) shall also include the name(s) and address(es) of the responsible optometrist(s).

### Section 12.0 *Violations*

- 12.1 Any violations of the statutory and regulatory requirements herein shall be subject to the statutory sanctions as set forth in section 5-35-27 of the Act and provides that any person who violates the provisions of the Act is punished by a fine of not more than two hundred dollars (\$200) or is imprisoned for not more than three (3) months for each offense.

### Section 13.0 *Rules Governing Practices and Procedures*

- 13.1 All hearings and reviews required under the provisions of the Act shall be held in accordance with the provisions of the *Rules and Regulations of the Rhode Island Department of Health Regarding-Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP)*.

### Section 14.0 *Severability*

- 14.1 If any provision of these rules and regulations or the application thereof to any individual or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of the regulations which can be given effect, and to this end the provisions of the regulations are declared to be severable.

All interns must spend a minimum of 600 hours of no less than three (3) full days per week for a six (6) month period under the supervision of an approved preceptor(s). In addition, applicants shall be required to complete the clinical training period of seventy-two (72) hours of no less than three (3) months in accordance with section 3.1 (e) herein.

I. General Practice - 3 days per week

\_\_\_\_\_  
**Preceptor Signature** \_\_\_\_\_  
**Date**  
 \_\_\_\_\_  
**Address**

<i><b>II. Other Clinical Experiences</b></i>	<i><b>Signature and Date Completed</b></i>
<b>1) Specialized Diagnostic and Treatment Programs</b>	
a. Binocular Indirect Ophthalmoscopy	
b. Gonioscopy	
c. Fundus C.L.	
d. Anterior Segment Photography Fundus Photography	
e. Visual Field Techniques	
f. Prosthesis	
<b>2) Office Administrative Procedures</b>	
a. Bookkeeping Systems	
b. Re-call Programs	
c. Patient Records	
d. Office Records	
e. Monthly, Quarterly and Annual Forms	
f. Third Party Forms and Programs	
<b>3) Business/Practice Management (Dealing with people)</b>	
a. Employee Relationships, Policies and Benefits	
b. Malpractice	
c. Patient Communication Techniques	
d. Comprehensive and Quality Eyecare	
<b>4) Ophthalmic Materials and Manufacturing</b>	
a. Frame, Lens Selection and Measurements	
b. Repairs and Adjustments	
c. Ophthalmic Lens and Frame Fabrication	
<b>5) Contact Lenses</b>	
a. C.L. Selection	
b. Care, After Care and Management of the Contact Lens Patient	
c. Complications and Problem Solving of Contact Lenses	
d. Therapeutic C.L.	
e. C.L. Manufacturing (RLI)	
<b>6) Low Vision</b>	
a. Determining the Visual Acuity, Diagnosis and Prognosis of the Low Vision Patient	
b. Telescopic and Microscopic Lenses	
c. Other Low Vision Aids	
d. Non-optical Aids	
e. Managing the Low Vision Patient	
<b>7) Binocular Vision Dysfunctions and Vision Therapy</b>	

INTERN'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

**APPENDIX II**  
*PREREQUISITES*

1. Graduation from an accredited College of Optometry including:
2. Successful completion of courses in the following areas:
  - a) General and ocular pharmacology, not less than 60 hours;
  - b) General and ocular physiology or equivalent, not less than 30 hours;
  - c) General and ocular pathology or equivalent, not less than 30 hours.

**APPENDIX III**  
**CURRICULUM OUTLINE**  
**COURSE IN OCULAR THERAPEUTICS**

<i>DIDACTIC CURRICULUM</i>	<i>HOURS</i>	<i>INSTRUCTORS</i>
I. <i>Basic Principles</i>	18	M.D. Ph.D. Pharmacologist Certified Optometrists
a) Review of fundamental concepts		
b) Cellular response in infection, inflammation and trauma		
c)    Microorganism and ocular disease		
d)    Pharmacokinetics and pharmacodynamics		
e)    Theory, application, prescription writing, patient communication, patient management considerations, practice management		
f)    Routes of drug administration		
II. <i>Ocular Therapeutic Agents</i>	9	M.D. Ph.D. Pharmacologist
a)    Pharmacology of ocular therapeutics		
1. Anti-infective agents		
2. Anti-inflammatory agents		
3. Autonomic drugs and beta blockers		
4. Secretory inhibitors		
5. Hyperosmotics		
6. Antihistamines		
III. <i>Clinical Diseases and Treatment of             the Anterior Segment of the Eye</i>	42	Ophthalmologists and Certified Optometrists
a)    Introduction:		
Microbiology and immunology as they pertain to lid and anterior segment of the eye		Ph.D./M.D.
b)    Diseases of the eyelid:		Ophthalmologists
1. Hordeolum		
2. Chalazion (acute) To include differential Dx of benign and malignant tumors of the lid.		
3. Blepharitis		
4. Foreign body removal from the upper lid		
5. Tumors of the lids		
c)    Diseases of the conjunctiva:		
1.    Conjunctivitis, (acute), (bacterial). Includes treatment with topical antibacterial agents.		
2.    Conjunctivitis, acute, nonbacterial, nonherpetic (presumed viral). Includes treatment with antibacterials and/or decongestants. Also includes differential diagnosis of other noninfective causes of red eye.		
3.    Conjunctivitis, allergic. Includes treatment by topical decongestants and/or topical antihistamines.		

4. Conjunctivitis, chemical. Includes emergency first aid plus antibacterials, decongestants, etc. and indications for referrals.
5. Conjunctival foreign body. Includes anesthetic and cotton tip applicator technique for removal.
6. Pingueculitis. Includes treatment modality.
7. Inflamed pterygium. Includes treatment modality and differential diagnosis of other conjunctival tumors which may appear similar.
8. Dry Eye. Includes causes and treatment modalities and various manifestations of diagnosing similar local ocular diseases and systemic significance (e.g. cicatricial pemphigoid).

d) Diseases of the Cornea:

1. Punctate keratitis, acute, bacterial or nonherpetic viral induced. Includes chronic punctate keratitis (as might be seen in contact lens induced or dry eye induced keratitis), differential diagnosis to rule out true stromal infiltrate or corneal ulcer, and appropriate management techniques, and possible use of topical antibacterials and/or decongestants.
2. Chemical or UV induced keratitis. Includes proper management techniques.
3. Corneal abrasion. Includes differential diagnosis of corneal lacerations or more serious injuries requiring surgical intervention, and possible antibiotic, cycloplegic, or patching treatments.
4. Recurrent corneal erosions. Includes proper management techniques employing lubrication and patching.
5. Contact lens induced abrasions and overwear syndromes. Includes differential diagnosis of true bacterial keratitis.
6. Endothelial dystrophy. Includes differential diagnosis of other corneal dystrophies, degenerations and metabolic diseases involving the cornea which may appear similar. Also includes techniques of treatment using hypertonic agents.
7. Red Eye. Differential diagnosis ruling out conditions not listed above for referral.
8. Diseases of the Sclera.

		<i>HOURS</i>	<i>INSTRUCTOR</i>
IV.	<i>Glaucoma and Anterior Uveitis</i>	5	Ophthalmologist
	a) Differential Dx. and Referral consistent with the regulatory provisions herein		
	b) Classification of glaucoma		
V.	<i>Consultation and Referral in Anterior Segment Eye Disease</i>	2	Ophthalmologist and Certified Optometrist
	a) Appropriate ophthalmological consultation and referral		
	b) Determining need for medical consultation other than ophthalmology		
	c) Patient stabilization in severe ocular trauma		
VI.	<i>Ocular Manifestation of Systemic and Treatment</i>	10	Ophthalmologist  Internist (M.D.) Endocrinologist
	a) Endocrine Disorders		
	b) Neurological Disorders		

	c)	Cardiovascular and Cerebrovascular Disorders		
	d)	Collagen Vascular Disorders		
	e)	Hematological Disorders		
	f)	Metabolic and chromosomal Disorders		
	g)	Ocular Effects of Systemic Medication		
	h)	Interpretation of Laboratory Findings		
VII.		<i>Ocular Allergy and Immunology</i>	3	M.D./Ph.D.
	a)	Differential Diagnosis		
	b)	Treatment of Ocular Allergy		
	c)	Ocular Conditions with Implied Immunological Roles		
VIII.		<i>Ocular Urgencies and Emergencies</i>	5	Ophthalmologist
	a)	Clinical Diagnosis and Management		
	b)	Emergency Equipment		
IX.		<i>Legal Aspects of Ocular Therapeutic Care</i>	2	OD / JD
	a)	Malpractice Issues		
	b)	R.I. Requirements pertaining to Malpractice Insurance		
	c)	Standards of care		

**Total Hours 96**

## APPENDIX IV

### *CLINICAL TRAINING*

The preceptor shall be responsible for the clinical training and shall furthermore be responsible to certify to the Board of Examiners that the optometrist has satisfactorily completed in no less than three (3) months, at least seventy-two (72) hours of clinical training and during said time participated in the diagnosis, treatment and management of the following numbers of patients:

Patients with Diseases of the Eyelids	50
Patients with Diseases of the Conjunctiva	50
Patients with Diseases of the Cornea	50

The ratio of ophthalmologists to optometrists for the clinical training shall be 1::2 preferably, however, not to exceed 1::4. The clinical training must be validated by the preceptor to the Board.

**APPENDIX V  
SUGGESTED FORMAT FOR CONSULTATION FORM**

Case Number:	<b>Optometrist:</b>  Print Name  Address	<b>Ophthalmologist:</b>  Print Name  Address
Date Consultation Initiated:	Sign and Date Upon Initiation of Consultation:	Sign and Date Upon Initiation of Consultation:
Date Submitted to Board of Examiners in Optometry:	Sign and Date Upon Completion: <b>(At one year or when the patient is stable--whichever occurs later)</b>	Sign and Date Upon Completion: <b>(At one year or when the patient is stable--whichever occurs later)</b>

Component:	Findings:	Interim Consultation:	Date:	Notes:
VISUAL ACUITY ✓CORRECTED ✓UNCORRECTED				
PUPIL ASSESSMENT				
BIOMICROSCOPY				
INTRAOCULAR PRESSURE				
VISUAL FIELDS				
ANTERIOR CHAMBER ANGLE				
EVALUATION OF OPTIC NERVE				
GONIOSCOPY				
DILATED FUNDUS EXAMINATION				
TARGET PRESSURE				
MEDICATIONS				

<b>Treatment Plan:</b>
------------------------