Evaluation and comparison of rules and regulations of state boards of optometry concerning services necessary for a complete examination

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Evaluation and comparison of rules and regulations of state boards of optometry concerning services necessary for a complete examination

Abstract
Each state Board of Optometry was contacted in an investigation of recommendations and requirements for comprehensive vision examinations. This was carried out as an update and completion of a survey begun in 1997 by John R. Harrington and Jonathon C. Thomas with Scott C. Cooper, O.D., M.Ed. advising. A variety of information was received. Forty-one states and the District of Columbia replied by letter or e-mail. Six of those states included a referral to an Internet web page in their reply. The remaining nine states' Internet web pages were reviewed for information. The results were compiled in a table. No specifications were found relating to minimum requirements in an optometric examination for twenty-four states and the District of Columbia. Twenty-six states did have a range of various recommendations or requirements.

Degree Type
Thesis

Degree Name
Master of Science in Vision Science

Committee Chair
Scott C. Cooper

Subject Categories
Optometry

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EVALUATION AND COMPARISON OF RULES AND REGULATIONS OF
STATE BOARDS OF OPTOMETRY
CONCERNING SERVICES NECESSARY FOR A COMPLETE
EXAMINATION

By

Shelly L. Nielsen

A thesis submitted to the faculty of the
College of Optometry
Pacific University
Forest Grove, Oregon
For the degree of
Doctor of Optometry
December 2002

Advisor:
Scott C. Cooper, O.D., M.Ed.
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No specifications were found relating to minimum requirements in an optometric examination for twenty-four states and the District of Columbia. Twenty-six states did have a range of various recommendations or requirements.

Introduction
Each state and the District of Columbia have separate Boards of Optometry. Each individual Board of Optometry sets the rules, regulations, statutes, and laws for the practice of optometry in their state (or district). Many of these organizations have developed specific rules pertaining to minimum requirements of performing an optometric examination. Others have left their rules in general terms or have not addressed this issue.

This survey was conducted in an effort to compile all of the specific recommendations or requirements, on this matter, across this nation into one concise source. By gathering this information we hope to allow for further analysis of similarities and differences between organizations.

In 1997 John R. Harrington and Jonathon C. Thomas began this same survey under the direction of Scott C. Cooper O.D., M.Ed. at Pacific University College of Optometry. However, the information was not completed at that time.

Methods
In February 2001, a letter was sent to each regulatory Board of Optometry requesting any information available about requirements or recommendations for the content of a complete vision examination of an adult patient (Appendix A). An additional letter was sent to follow-up with those states not responding to the first (Appendix B). The materials received were carefully scanned for related information, which was then studied and organized into a table format based on the following categories: history, visual acuities, extra ocular muscles, accommodation, binocular vision, keratometry, objective refraction, subjective refraction, tonometry, external adnexa health, ophthalmoscopy, and other.

Internet web pages were investigated for information from those organizations that did not respond to the mailings. Several phone calls were then made to Boards of Optometry that did not have rules or regulations posted on a web page. Information was subsequently received from those organizations.
Results

Forty-one states and the District of Columbia replied by letter or e-mail. Six of those states included a referral to an Internet web page in their reply. The remaining nine states' Internet web pages were reviewed as the sole source for information from each of those organizations.

No specifications were found relating to minimum requirements in an optometric examination for twenty-four states and the District of Columbia. Twenty-six states did have a range of various recommendations or requirements that are displayed in a table and discussed below.

History: Twenty-four states mentioned the necessity of including a history in a routine or minimum examination (Table 1). Most of these states were not specific beyond simply stating that a “history” should be taken. The few exceptions are noted.

Alaska was specific in that “a complete case history including ocular, physical, occupational, and medical data and other pertinent information concerning the patient” should be included. Connecticut specified that a “complete history and symptoms” should be investigated. Massachusetts’ rule was “an adequate medical and ocular history.” Mississippi required “ocular, physical, occupational and other pertinent information” to be gathered.

Visual Acuities: Twenty-two states specifically required performance of visual acuity measurement. Some variation existed as to whether or not corrected, uncorrected, monocular, binocular, and both were necessary. Several simply required “visual acuity.” The following variations were found within the data reviewed:

<table>
<thead>
<tr>
<th>Visual Acuities Requirement</th>
<th>State</th>
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<tbody>
<tr>
<td>Visual acuities</td>
<td>Delaware, Mississippi, South Dakota, Texas, Virginia</td>
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<tr>
<td>Unaided and/or aided</td>
<td>Louisiana</td>
</tr>
<tr>
<td>Unaided and aided</td>
<td>Kentucky, Maine, Nevada</td>
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<tr>
<td>Unaided and aided for distance and near</td>
<td>Alaska</td>
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<tr>
<td>Unaided and aided OD, OS</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Unaided and aided OD, OS, OU</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>Distance and near</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>Distance and near OD, OS</td>
<td>Kansas, Massachusetts</td>
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<tr>
<td>Entering and best corrected</td>
<td>Arizona</td>
</tr>
<tr>
<td>Habitual VA’s; corrected VA’s OD, OS, OU, including facial measurements</td>
<td>Connecticut</td>
</tr>
<tr>
<td>Unaided and current Rx, and through refractive findings</td>
<td>Florida</td>
</tr>
<tr>
<td>Unaided and last Rx or habitual OD,OS,OU</td>
<td>Illinois</td>
</tr>
<tr>
<td>Unaided VA, record Rx given, if any, with</td>
<td>Minnesota</td>
</tr>
</tbody>
</table>
VA attained
Unaided distance OD, OS, OU, with old Rx (if available) and new (if any) Oklahoma
“Complete visual acuity findings” New Jersey

Ocular Motility: Only the following five states specified the requirement of motility testing: Alaska, Arizona, Connecticut, Massachusetts, and New Jersey. However, Arizona did not explicitly require ocular motility testing but instead testing of “extraocular muscle function.”

Accommodation: Twelve states indicated a specific need to test for accommodation. Alaska, Kentucky, Louisiana, South Dakota, and Wisconsin required “tests of accommodation.” Illinois specified that “accommodative ability” should be tested. However, Connecticut was more particular and designated that “amplitudes of accommodation” should be found. Mississippi, Oklahoma, and Texas said, “amplitude or range of accommodation” should be included. Nevada required “near-point accommodative tests.” While Arizona was somewhat unique to require “assessment of intraocular [and extraocular] muscle function.”

Binocular Vision: The most variation existed within this category. Listed are several states that did not mention any specific tests to perform but did require an evaluation of binocularity: Alabama, Massachusetts, Minnesota, Nevada, and Texas. More specific testing was required by the following states.
- Alaska: Convergence and binocular coordination at far and near preferably in phoropter
- Connecticut: Phoria tests vertical and horizontal for near and far, tests for fusion near and far
- Florida: Extraocular muscle balance assessment
- Illinois: Measurement of binocularity: including vergences, phoric [and accommodative] ability
- Kansas: Coordination testing
- Kentucky: Convergence and binocular coordination at far and near
- Louisiana: Binocular coordination at far and near (test preferable with phoropter)
- Maine: A cover test or muscle balance tests, or both
- Maryland: Muscle balance examination
- Mississippi: Assessment of binocular function, angle of vision to right and to left
- New Jersey: Fusion, stereopsis
- Oklahoma: Phorias or ductions, far and near, lateral and vertical, amplitude or range of convergence, angle of vision to right and to left
- Rhode Island: Habitual phorias distance and near, and phorias distance and near with new therapy, and stereopsis
- South Dakota: Convergence and fusional ability
- Tennessee: Coordination testing
- Texas: Angle of vision to right and to left
- Wisconsin: Evaluation of convergence, muscle balance
Keratometry: Keratometry readings were found to be necessary in California, Connecticut, Mississippi, Nevada, and New Jersey. (New Jersey stated that keratometry should be performed at the original examination.) Massachusetts and Wisconsin required measurements of corneal curvature.

Visual Fields: Alaska, California, Delaware, Florida, Massachusetts, New Jersey, and Rhode Island, required visual fields. Alaska required confrontation fields, Delaware and Rhode Island required field testing when indicated or appropriate, Massachusetts required peripheral visual fields, and New Jersey required central and peripheral.

Refraction: The following states required a refraction but did not specify whether it must be objective or subjective: Alabama, Delaware, Florida, Minnesota, and Nevada. Arizona allowed either an objective or subjective refraction. While Minnesota required refractive findings for distance and near. An objective refraction was specifically required by: Kansas, Kentucky, Maine, Massachusetts, New Jersey, South Dakota, and Tennessee. However, limitations upon what methods could be used were not listed for those states. Retinoscopy was singled out as the objective refraction requirement for: Alaska, Connecticut, Illinois, Mississippi, Oklahoma, Rhode Island, Texas, and Wisconsin. Mississippi and Texas did allow either static retinoscopy or autorefraction. Although Rhode Island allowed static or dynamic retinoscopy, autorefration was to be used only as an additional test, not a replacement. Oklahoma wanted static retinoscopy performed. Alaska wanted both static and dynamic retinoscopy. The other states listed above did not give further specifications as to methods of retinoscopy.

A subjective refraction was mandated by: Connecticut, Kansas, Maine, New Jersey, Rhode Island, South Dakota, and Tennessee. Both a distance and near subjective refraction was required by: Alaska, Illinois, Kentucky, Louisiana, Mississippi, Oklahoma, Texas, and Wisconsin.

Tonometry: Nineteen states included tonometry as a component of a minimum examination. None of these specified a type of tonometry such as applanation or nonapplanation. Kansas and Kentucky both stated that tonometry should be performed if the patient is over age 25. New Jersey said to do it, “on all patients where possible unless contraindicated.” Maryland was the only state to mandate that “tonometry without anesthetic when indicated or for a patient over 40 years of age” should be executed.

External Eyes and Adnexa: Florida, Kansas, Kentucky, Nevada, New Jersey, Tennessee, and Texas required performance of biomicroscopy. Massachusetts did not use the term biomicroscopy but did require the utilization of “at least magnification or microscope.” Louisiana listed the structures of the eyes to be evaluated such as lids, cornea, sclera, etc. Arizona used the general terms “ocular health exam,” Minnesota required the recording of “ocular pathology,” and Virginia “external health” exam. An evaluation of the external eyes and adnexa was required by other states marked in Table 1.
Ophthalmoscopy: Again, for Arizona “ocular health exam”, and Minnesota “ocular pathology” was used to cover both anterior and posterior segments. While Virginia used the terms “internal health” examination to cover ophthalmoscopy.

More specific requirements were found for Connecticut that one must record a “description of all media and grounds, nervehead and vascular tree.” Florida also required recording of “cup disc ratio, blood vessel status and any abnormalities.” Massachusetts required ophthalmoscopy and an evaluation of the media.

No specifications were found as to whether direct or indirect ophthalmoscopy was to be included in the examination. Except that Florida stated direct or indirect ophthalmoscopy could be used to record the information above listed. Nevada was the only state to require a dilated fundus examination. Ophthalmoscopy was required by the states marked in Table 1.

Other: The following other tests were required by the states listed.

- Neurological testing: Alaska, Kentucky, Louisiana
- Pupils: Florida, Illinois, Louisiana
- Color Vision: Rhode Island, New Jersey, Illinois
- Any additional tests indicated: Alabama, Florida, Georgia, Massachusetts, Oklahoma, South Dakota

Louisiana listed “neurological testing (e.g. pupillary reflexes direct, consensual)” as a requirement. Delaware also requires retinal photographs in appropriate cases. Maryland required “visual analysis.”

Discussion: The information found within some states’ rules did not lend itself very well to these methods of evaluation. California, for example, had the following statement on page 159 of their computer documents from which information was interpreted. Although, minimum requirements for each exam was not truly specified:

“1510 Professional inefficiency. Inefficiency in the profession is indicated by the failure to use, or the lack of proficiency in the use of the ophthalmoscope, the retinoscope, the ophthalmometer (or keratometer), tonometer, biomicroscope, any one of the modern refracting instruments such as the phoroptor, refractor, etc., or the phorometer-trial frame containing phoria and duction measuring elements or a multicelled trial frame, trial lenses, and prisms, in the conduct of an ocular examination; the failure to make and keep an accurate record of findings; lack of familiarity with, or neglect to use a tangent screen or perimeter or campimeter; and the failure to make a careful record of the findings when the need of the information these instruments afford is definitely indicated.”
Other states had unique administration that involved the issue of advertisement. Nevada rules stated that, “An advertisement of optometric examinations must include a specific disclaimer if any of the following services are not included.” The requirements were then listed and interpreted as the minimum requirements for a complete examination for the purposes of this evaluation.

Tennessee wrote that, “If an optometrist advertises an examination fee or includes an examination as a service provided in an advertised fixed fee the examination findings shall include all pertinent tests and observations necessary to satisfy the standard of care. The following shall constitute the professionally recognized components to be included in the examination provided for the advertised fee and before the prescription requested is issued:” The requirements used for this evaluation were then listed.

Many states that are listed as not having any specific requirements did in fact have rules that required optometrists to practice in accordance with the current standard of care. Ohio used the following statement within their rules:

“An optometrist has the responsibility to establish and maintain a safe and hygienic office adequately equipped to provide full optometric services within the scope of the licensure of the practitioner. The Board may require certain minimum equipment standards for each office needed to provide a full scope examination.” Each office is required to have a slit-lamp, visual fields, and tonometry equipment. The Board could sanction optometrists who “depart from or fail to conform to acceptable and prevailing standards of care in the practice of optometry as followed by similar practitioners under the same or similar circumstances, regardless of whether actual injury to a patient is established.”

South Carolina reported that their state Board of Optometry may be in the process of developing some specific guidelines. Hopefully, most states will continue to update rules and regulations to always be in harmony with the current standard of care nationally.

Many variations exist in administrative rules from state to state. This information has been gathered and evaluated in hopes of facilitating further comparisons of state regulations as it may be beneficial for optometrists to have a national standard. Many possible reasons for having a national standard are discussed in the paper by Harrington and Thomas and include: “increased consistency within the profession of optometry,” thereby improving the reputation of the profession, also “liability protection” may be offered by having a national standard, and “guidelines help insure good patient care.” However, time constraints must be taken into consideration. Optometrists cannot do every test they know on every patient every time a patient returns to be seen. There are some tests that must be standard of care for every patient and others that are less critical and less likely to leave problems undiagnosed or leave to patients with poor visual function. These tests must be selected based on individual patient needs or symptomology. One test may be critical for one patient and not for another to offer key pieces of information to help that patient to function well. On the other hand, procedures that are used to assess the health of the eyes must be performed on each patient because serious problems may be present in asymptomatic patients.
Table 1:
Minimum requirements of State Boards of Optometry for a complete examination

<table>
<thead>
<tr>
<th>STATE</th>
<th>No Specifications</th>
<th>History</th>
<th>Visual Acuities</th>
<th>Ocular Motility</th>
<th>Accommodation</th>
<th>Binocular Vision</th>
<th>Keratometry</th>
<th>Visual Fields</th>
<th>Refraction</th>
<th>Tonometry</th>
<th>External Eyes &amp; Adnexa</th>
<th>Ophthalmoscopy</th>
<th>Other</th>
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<td>Alabama</td>
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<td>Pupillary examination; Other tests indicated by history</td>
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<td>Georgia</td>
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<td>&quot;Any necessary systematic tests to ascertain final treatment plan.&quot;</td>
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<td>Hawaii</td>
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<td>Must not act &quot;below the standard of care held by practitioners in the same community.&quot;</td>
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<td>Retinal photos in appropriate cases</td>
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<td>Retinal photos in appropriate cases</td>
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<td>Retinal photos in appropriate cases</td>
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*Please see the discussion section for further explanation of California requirements used for this evaluation.
Table 1:
Minimum requirements of State Boards of Optometry for a complete examination

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<td>Conform to the &quot;current optometric standard of care in Oregon.&quot;</td>
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<td>Color vision, Ophthalmoscopy for glaucoma patients initially and when deemed medically appropriate)</td>
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<td>&quot;...all pertinent tests and observations necessary to satisfy the standard of care.&quot;</td>
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Reference:


State Boards of Optometry Accessed via Internet:

Association of Regulatoy Boards of Optometry:  
http://www.arbo.org/directoryofboards.htm

California:  
http://www.optometry.ca.gov/laws.asp

Colorado:  
Rules: http://www.dora.state.co.us/Optometry/OptoRules.htm  
Statutes: http://www.dora.state.co.us/Optometry/OptoStatute.htm

Massachusetts  
http://www.state.ma.us/reg/boards/op/rule_reg.htm

Michigan  
General rules: http://www.state.mi.us/webapp/orr/admincode.asp  
Ethical Conduct: http://www.state.mi.us/webapp/orr/admincode.asp

Mississippi  
http://www.msoptometry.org/rulesregsch11.htm

New Hampshire (fee was required)  
http://webster.state.nh.us/optometry/brioopt100-600.html

North Carolina  
http://www.ncoptometry.org/regulations.htm

Utah  
http://www.dopl.utah.gov/optometrist_sub_page.html#optomstatutes

Wisconsin  
http://www.legis.state.wi.us/rsb/code/opt/opt001.pdf
State Boards of Optometry that responded with referred to website:

Georgia replied by letter but referred us to their website
   http://www.sos.state.ga.us/plb/optometry

Indiana
   http://www.in.gov/hpb/

Minnesota
   http://www.revisor.leg.state.mn.us/aru1e/6500/0700.html

Montana
   http://commerce.state.mt.us/license/pol

New Mexico
   http://www.rld.state.nm.us/b&c/optometry/rules_law/rulesstatute.htm

Virginia
   http://www.dhp.state.va.us/optometry/leg/Optometry%206-6-01.doc
   18 VAC 105-20-45. Standards of Practice.
Appendix A
First Request for Information

February 14, 2001

Dear [Contact]:

We are writing to request the requirements or recommendations of your state organization pertaining to the content of a complete vision examination of an adult patient. Any materials that are provided to optometrists in your state relating to this subject will be very much appreciated.

The goal is to compile information from all fifty states as part of a thesis project. Once compiled, this information will be made easily accessible to all optometrists for purposes of comparison and discussion.

Please send us all information regarding your organization’s requirements or recommendations for a complete exam by March 23.

Please send all information to the thesis advisor:
Dr. Scott C. Cooper
Pacific University College of Optometry
2043 College Way
Forest Grove, OR 97116
(503) 359-2771
coopers@pacificu.edu

You may contact either Dr. Cooper or Shelly Nielsen if you have any questions concerning any part of this project. Thank you for your time and help in submitting these materials.

Sincerely,

Shelly Nielsen
2043 College Way
UC Box Opt. 2001
Forest Grove, OR 97116
(H) (503) 615-8861
citewics@pacificu.edu
Appendix B
Second Request for Information

Dear [Contact]:

We are writing in regard to a letter previously sent to your organization concerning the collection of requirements or recommendations for a complete vision examination. The letter sent to you included the following information:

We are writing to request the requirements or recommendations of your state organization pertaining to the content of a complete vision examination of an adult patient. Any materials that are provided to optometrists in your state relating to this subject will be very much appreciated.

The goal is to compile information from all fifty states as part of a thesis project. Once compiled, this information will be made easily accessible to all optometrists for purposes of comparison and discussion.

Please send us all information regarding your organization’s requirements or recommendations for a complete exam by March 23.

We are still very interested in receiving information from your state organization. We are continuing to collect and compile data through the month of June. Our goal of including information from each state remains. Thank you for your participation in this project. We greatly appreciate your contribution. Please send a response to Dr. Cooper by June 26.

Please send all information to the thesis advisor:
Dr. Scott C. Cooper
Pacific University College of Optometry
2043 College Way
Forest Grove, OR 97116
coopers@pacificu.edu

You may contact either Dr. Cooper or Shelly Nielsen if you have any questions concerning any part of this project. Thank you again for your time and help in submitting these materials.

Sincerely,

Shelly Nielsen
2043 College Way
UC Box Opt. 2002
Forest Grove, OR 97116
leftwics@pacificu.edu
Appendix C
Contact Information used for State Boards of Optometry

Alabama State Board of Optometry
Dr. Robert Pharr
P.O. Box 448
Attalla, AL 35954

Alaska Board of Examiners in Optometry
Mr. Steven Snyder
P.O. Box 110806
Juneau, AK 99811-0806

Arizona State Board of Optometry
Ms. April Hart
Suite 230
1400 West Washington
Phoenix, AZ 85007

Arkansas Board of Examiners in Optometry
Dr. Howard Flippin
410 W. Race Ave
Searcy, AR 72143-4133

California Board of Optometry
Ms. Karen Ollinger
Dept. of Consumer Affairs
400 R Street, Suite 3130
Sacramento, CA 95814-6200

Colorado Board of Examiners in Optometry
Mr. Bradon Dionese
Suite 13101560 Broadway
Denver, CO 80202-5146

Connecticut Board of Examiners in Optometry
Dr. Edward Pinn
254 Whippoorwill Road
Old Lyme, CT 06371

Delaware Board of Examiners in Optometry
Ms. Susan Miccio
Suite 203, Cannon Building
P.O. Box 1401
Dover, DE 19903

District of Columbia Optometry Board
Ms. Graphilia Ramosur
Room 108
614 H Street NW
Washington, DC 20001

Florida Board of Optometry
Sherra Causey
2020 Capital Circle, SE, Bin #C07
Tallahassee, FL 32399-3257

Georgia Board of Optometry
Ms. Anita O. Martin
237 Coliseum Dr.
Macon, GA 31217

Hawaii Board of Examiners in Optometry
Laureen M-Kai
P.O. Box 3469
Honolulu, HI 96801

Idaho State Board of Optometry
Dr. Christopher Card
1702 S. Kimball
Caldwell, ID 83605

Illinois Optometric Licensing & Disciplinary Board
Ms. Sheila Powers
3rd Floor
320 West Washington
Springfield, IL 62786

Indiana Optometry Board
Ms. Cindy Vaughan
Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, IN 46204

Iowa Board of Optometry Examiners
Ms. Sharon Cook
Bur. of Prof. Lic., Lucas State Office Bldg.
321 East 12th Street
Des Moines, IA 50319-0075
<table>
<thead>
<tr>
<th>State Board of Optometry</th>
<th>State Board of Optometric Examiners</th>
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<tr>
<td>Kansas Board of Optometry</td>
<td>Kentucky State Board of Optometric Examiners</td>
</tr>
<tr>
<td>Dr. Sharon Michel</td>
<td>Ms. Connie Calvert</td>
</tr>
<tr>
<td>3111 W. 6th, Suite A</td>
<td>1000 W. Main Street</td>
</tr>
<tr>
<td>Lawrence, KS 66049</td>
<td>Georgetown, KY 40324</td>
</tr>
<tr>
<td>Louisiana Board of Optometry</td>
<td>Maine Board of Optometry</td>
</tr>
<tr>
<td>Ms. Amanda Laurence</td>
<td>Ms. Kathy Newman</td>
</tr>
<tr>
<td>P.O. Box 555</td>
<td>113 State House Station</td>
</tr>
<tr>
<td>Oakdale, LA 71463-0555</td>
<td>Augusta, ME 04333</td>
</tr>
<tr>
<td>Maryland Board of Examiners in Optometry</td>
<td>Massachusetts Board of Optometry</td>
</tr>
<tr>
<td>Ms. Barbara Curtis</td>
<td>Ms. Gladys Clifton</td>
</tr>
<tr>
<td>3rd Floor, Room 317</td>
<td>Division of Registration</td>
</tr>
<tr>
<td>4201 Patterson Avenue</td>
<td>239 Causeway St.</td>
</tr>
<tr>
<td>Baltimore, MD 21215-2299</td>
<td>Boston, MA 02114</td>
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<tr>
<td>Michigan Board of Optometry</td>
<td>Minnesota Board of Optometry</td>
</tr>
<tr>
<td>Ms. Brenda Rogers</td>
<td>Ms. Laurie Mickelson</td>
</tr>
<tr>
<td>Dept. of Consumer &amp; Industry Services.</td>
<td>Suite 550</td>
</tr>
<tr>
<td>P.O. Box 30670</td>
<td>2829 University Avenue SE</td>
</tr>
<tr>
<td>Lansing, MI 48909</td>
<td>Minneapolis, MN 55414-3250</td>
</tr>
<tr>
<td>Mississippi Board of Optometry</td>
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</tr>
<tr>
<td>Dr. Fred Mothershed</td>
<td>Mrs. Pam Groose</td>
</tr>
<tr>
<td>P.O. Box 2399</td>
<td>3605 Missouri Blvd.</td>
</tr>
<tr>
<td>Tupelo, MS 38803</td>
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</tr>
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<td>Montana Board of Optometrists</td>
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<tr>
<td>Ms. Donita Martegard</td>
<td>Ms. Becky Wisell</td>
</tr>
<tr>
<td>111 N. Jackson</td>
<td>Credentialing Div., DHHS Reg. &amp; Licensure</td>
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<tr>
<td>P.O. Box 200513</td>
<td>P.O. Box 94986</td>
</tr>
<tr>
<td>Helena, MT 59620-0513</td>
<td>Lincoln, NE 68509-4986</td>
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<tr>
<td>Nevada Board of Optometry</td>
<td>New Hampshire Board of Registration in Optometry</td>
</tr>
<tr>
<td>Ms. Judy Koperski</td>
<td>Ms. Karen Lamoureux</td>
</tr>
<tr>
<td>P.O. Box 1824</td>
<td>2 Industrial Park Drive, Suite 8</td>
</tr>
<tr>
<td>Carson City, NV 89702</td>
<td>Concord, NH 03301</td>
</tr>
<tr>
<td>New Jersey State Board of Optometrists</td>
<td>New Mexico Board of Optometry</td>
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<tr>
<td>Ms. Susan Gartland</td>
<td>Ms. Carmen Payne</td>
</tr>
<tr>
<td>P.O. Box 45012</td>
<td>Suite 400</td>
</tr>
<tr>
<td>Newark, NJ 07101</td>
<td>2055 South Pacheco</td>
</tr>
<tr>
<td></td>
<td>Santa Fe, NM 87505</td>
</tr>
</tbody>
</table>
New York State Board for Optometry
Mr. Thomas King
Suite 3015, Cultural Education Center
Empire State Plaza
Albany, NY 12230

North Dakota Board of Optometry
Dr. Alan King
341 1st Street East
Dickinson, ND 58601

Oklahoma Board of Examiners in Optometry
Dr. Russell Laverty
6912 E. Reno, #302
Midwest City, OK 73110

Pennsylvania Board of Optometry
Ms. Deb Smith
P.O. Box 2649
Harrisburg, PA 17105-2649

South Carolina Board of Optometry
Ms. Kate Cox
Koger Office Park, Kingstree Building
110 Centerview Drive
P.O. Box 11329
Columbia, SC 29211-1329

Tennessee Board of Optometry
Ms. Melody Timberlake
1st Floor, Cordell Hull Bldg.
425 Fifth Avenue North
Nashville, TN 37247-1010

Utah Optometrist Licensing Board
Mr. David Fairhurst
Dept. of Commerce - DOPL
160 East 300 South, Box 146741
Salt Lake City, UT 84114-6741

Virginia Board of Optometry
Dr. Elizabeth Carter
4th Floor
6606 W. Broad Street
Richmond, VA 23230-1717

North Carolina State Board of Examiners in Optometry
Dr. John Robinson
109 N. Graham Street
Wallace, NC 28466

Ohio Board of Optometry
Mr. Robert Carson
16th Floor
77 South High Street
Columbus, OH 43266-0318

Oregon Board of Optometry
Mr. David Plunkett
Suite 270
3218 Pringle Road, SE
Salem, OR 97302-6306

Rhode Island Board of Optometry
Mr. Russell Spaigh
Suite 104
3 Capitol Hill
Providence, RI 02908-5097

South Dakota Board of Optometry
Dr. Daniel Watson
P.O. Box 370
Sturgis, SD 57785

Texas Optometry Board
Ms. Lois Ewald
Suite 2-420
333 Guadalupe Street
Austin, TX 78701-3942

Vermont Board of Optometry
Ms. Peggy Atkins
109 State Street
Montpelier, VT 05609-1106

Washington Optometry Board
Ms. Judy Haenke
Mail Stop 7863
P.O. Box 47863
Olympia, WA 98504-7863