

NEVADA STATE BOARD OF OPTOMETRY



Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
Facsimile: (775) 305-0105
E-Mail: admin@nvoptometry.org

You may qualify to treat glaucoma in two distinct ways: by co-management with an ophthalmologist, or by endorsement from another jurisdiction.

TO QUALIFY FOR A CERTIFICATE **BY CO-MANAGEMENT** TO TREAT PERSONS DIAGNOSED WITH GLAUCOMA under NRS 636.2893, a Nevada licensed optometrist must:

1. hold a Nevada-issued OPAC (fka TPA),
2. co-manage not fewer than 15 glaucoma patients with regular input and oversight by a Nevada-licensed ophthalmologist for not less than one year, and
3. provide patient notes and sworn documents from both the ophthalmologist and the applicant that the requirements for the certificate have been met (see example).

Upon completion of the requirements and the forms, go to the Board website, click on the glaucoma application link, upload completed required documents and pay the application fee of \$175. Of course, the materials also may be submitted with a check via US Mail to the address above. [Forms for your use and sample patient notes follow this page.](#)

TO QUALIFY FOR A CERTIFICATE **BY ENDORSEMENT** TO TREAT PERSONS DIAGNOSED WITH GLAUCOMA pursuant to NRS 636.2897, a Nevada licensed optometrist who:

1. holds a Nevada-issued OPAC (fka TPA),
2. holds a current unrestricted ability in another jurisdiction to treat persons diagnosed with glaucoma, and has not been reported to the National Practitioners Data Bank within the immediate last 5 years, and
3. swears or affirms that he or she has engaged in not fewer than 50 glaucoma patient encounters or has completed requirements to obtain the ability to treat glaucoma patients in another jurisdiction which were substantially similar to the requirements for a Nevada certificate and provides an explanatory narrative and relevant evidence of the same.

may complete the on-line application, pay the application fee, and upload an explanatory narrative and any relevant evidence.

[This information sheet is for guidance only and is not a substitute for your careful consideration of NRS and NAC Chapters 636.](#)

**GLAUCOMA CERTIFICATE BY CO-MANAGEMENT
REQUIRED PATIENT INFORMATION**

Optometrist Name, License No: _____

Primary Practice Address: _____

Ophthalmologist Signature & date _____ Date: _____

Optometrist Signature & date _____ Date: _____

1. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

3. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

2. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

4. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

**GLAUCOMA CERTIFICATE BY CO-MANAGEMENT
REQUIRED PATIENT INFORMATION**

5. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

6. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

7. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

8. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

**GLAUCOMA CERTIFICATE BY CO-MANAGEMENT
REQUIRED PATIENT INFORMATION**

9. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

10. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

11. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

12. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

**GLAUCOMA CERTIFICATE BY CO-MANAGEMENT
REQUIRED PATIENT INFORMATION**

13. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

15. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

14. HPI Patient No.: _____

Date Treatment commenced by O.D.:

Synopsis of treatment plan:

**OPHTHALMOLOGIST CERTIFICATION OF COMPLIANCE
FOR OPTOMETRIST APPLICATION TO TREAT PERSONS WITH GLAUCOMA**

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, (circle one) M.D. or D.O.,
Nevada License Number _____, am of lawful age and under penalty of perjury certify as follows:

1. I am currently a licensed and practicing ophthalmologist in good standing in the state of Nevada;
2. My mailing address is _____;
_____;
3. _____, O.D., has, in consultation with me, treated not fewer than 15 patients over the course of a 12-month period in accordance with the provisions of NAC 636.290 and NAC 636.280.
4. As consulting ophthalmologist, I have either diagnosed the patient with glaucoma, or confirmed the diagnosis of the optometrist, as noted on the attached form, and regularly have provided my feedback on the medical records and proposed treatment plans submitted to me by the optometrist above.
5. In my opinion, the optometrist identified herein is competent to continue treating such patients without further supervision.

DATED this _____ day of _____, _____.

Ophthalmologist

Subscribed and sworn to before me this
_____ day of _____, _____.

NOTARY PUBLIC

GLAUCOMA APPLICATION
REQUIRED CO-MANAGEMENT DOCUMENTATION

5. HPI Patient No.:

REDACTED

Do not use patient name or other PHI

Date treatment commenced by O.D.:

11/16/2011

Synopsis of Treatment Plan: Synopsis of Treatment Plan:

Adv POAG DU - poor control $T < 21$
start Lumigan qhs DU, RTZ 4wks
 $T < 14$
 14 , add timolol qam DU, RTZ 3mo
 $T < 12$ good control
maintain low teens. RTZ q 3mos

6. HPI Patient No.:

REDACTED

Do not use patient name or other PHI

Date treatment commenced by O.D.:

7/28/2011

Synopsis of Treatment Plan:

POAG UD > 205 per IOP, ↑ C/Ds $T < 22$
 24
start travatan qhs DU, RTZ 1mo
HVF/10P ✓
good response $T < 17$, add DS
RTZ 3-4mo. $T < 13$
 12 - good
RTZ for annual IOP/HVF

7. HPI Patient No.:

REDACTED

Do not use patient name or other PHI

Date treatment commenced by O.D.:

3/16/2016

POAG per CID, RTZ 4mo diurnal IOP/HVF
DCT thinning, normal VF - pt refused
tx, watch closely.

RTZ for cat eval / IOP ✓. Cat sx
performed, IOP good control so
far. maintain visits q 6mo

8. HPI Patient No.:

REDACTED

Do not use patient name or other PHI

Date treatment commenced by O.D.:

4/11/2017

Synopsis of Treatment Plan:

Pigment Dispersion Syndrome DU, RTZ
cat eval. Cat sx performed.
CID ↑ over time - thinning.
start latanoprost qhs DU, RTZ 3mo
 $T < 7$ - good response, maintain IOP < 14
RTZ 3 mo IOP ✓

CO-MANAGEMENT SAMPLE
DOCUMENTATION