

NEVADA STATE BOARD OF OPTOMETRY



Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
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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 each, 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:
