



CALIFORNIA STATE BOARD OF
OPTOMETRY

STATE BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



Request for Certification to Perform Lacrimal Irrigation and Dilation Procedures

FEE: \$25

Cashiering and Board Use Only			
Receipt #	Payor ID #	Beneficiary ID #	Amount

Business and Professions Code section 3041(e)(6) requires that California licensed optometrists must complete ten lacrimal irrigation and dilation procedures under the supervision of an ophthalmologist(s), as confirmed by the ophthalmologist, before the optometrist will be approved to independently perform the procedures. Optometrists wishing to obtain such approval must use this form to document qualifying experience.

	Date of Procedure	Last Name of Patient
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify under penalty of perjury under the laws of the State of California that I have performed 10 lacrimal irrigation and dilation procedures as listed above. I understand and agree that any misstatements of material facts may be cause for the denial of my request for Approval to Perform Lacrimal Irrigation and Dilation Procedures and Board disciplinary action.

Print or type name

California license number

Signature of Optometrist

Date

I certify under penalty of perjury under the laws of the State of California that the California licensed optometrist listed herein has completed all of the lacrimal irrigation and dilation procedure as indicated above. I further certify that the information provided on this form is true and I understand and agree that any misstatements of material facts may be cause for the denial of the licensed optometrist's lacrimal irrigation and dilation procedure approval and Board disciplinary action.

Print or type name of Ophthalmologist

License number

State of Licensure

Signature of Ophthalmologist

Date