

## Application for Approval to Independently Manage Glaucoma Patients

**\*THIS FORM IS FOR PRACTITIONERS WHO ARE CURRENTLY REGISTERED AND PRACTISING IN THE OPTOMETRIST SCOPE OF PRACTICE AND WHO ARE AUTHORISED TO PRESCRIBE MEDICINES.**

**Instructions**

Please read the form carefully before submitting it to the Board’s office. Please answer every question and attach all required supporting material. Incomplete applications will be returned to the applicant.

**Please print clearly**

I (full name) ..... Registration no.....  
am applying for approval to independently manage glaucoma patients within the Optometrist Scope of Practice.

## Section 1: Personal and Contact Details

Title (circle): Dr/Mr/Miss/Mrs/Ms      First/other names: .....

Family name/surname: .....

Previous names (if any) you have used:..... Date changed:.....  
(please attach evidence of previous name(s) if this information has not previously been supplied)

Date of birth: day/month/year...../...../.....

Postal address (this will not be published)	Work address if different from postal address (this will be part of the public register unless you provide a written objection):	Residential address (this will not be published)
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
Postcode: .....	Postcode: .....	Postcode: .....

Work phone: ..... Cell phone: ..... Other phone:.....

Primary email contact..... Fax: .....  
(for Board newsletters)

## Section 2: Practising and Scope Status

I confirm that I am the holder of a current practising certificate issued by the Optometrists and Dispensing Opticians Board of New Zealand.

**AND**

I am currently registered in the Optometrist Scope of Practice and am authorised to prescribe medicines.

## Section 3: Evidence of Clinical Experience

### OPTION 1:

I confirm that I have attended 20 hours in a clinical setting where glaucoma management is the major focus, under the direct supervision of an ophthalmologist or Board approved optometrist glaucoma prescriber.

### AND

My completed case log, signed off by my ophthalmologist or Board approved optometrist glaucoma prescriber, is attached to this application.

### OR

### OPTION 2:

I have attached 5 glaucoma case studies to this application demonstrating clinical experience while participating in a collaborative care relationship with an ophthalmologist/s or Board approved optometrist glaucoma prescriber/s.

### AND

I have attached a letter from the ophthalmologist/s or Board approved optometrist glaucoma prescriber/s that I have been working in the collaborative care relationship with, attesting to my completion of the above glaucoma case studies.

### OR

### OPTION 3:

I confirm that I have successfully completed the Advanced Certificate in Glaucoma course through the Australian College of Optometry.

### AND

A certified copy of my qualification is attached to this application.

## Section 4: Self Declaration

This statutory declaration must be no more than six months old at the time the complete application is received by the Board. In New Zealand, statutory declarations can be taken by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or other officer authorised to take statutory declarations. If you are applying from overseas, you must find a person who is authorised to take a statutory declaration in the country from which you are applying.

**PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.**

I, .....  
Full name

of .....  
Place of abode/address Occupation

Solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular and detail.
2. I will provide the Optometrists and Dispensing Opticians Board with any such further information it may require.
3. I agree to permit the Optometrists and Dispensing Opticians Board to collect individual statistical data, and the disclosure of my name if requested by the Optometrists and Dispensing Opticians Board for the purposes of monitoring and auditing optometrist prescribing.
4. I believe to the best of my knowledge that I am competent to independently manage glaucoma patients in accordance with my scope of practice and that I have no mental or physical condition/s that may impact on my ability to do so.
5. I know of no information that could cause the Optometrists and Dispensing Opticians Board not to be satisfied that I am a fit and competent person to independently manage glaucoma patients.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*.

Signature of declarant: .....

Declared at ..... on this ..... day of ..... 20

Before me: .....  
A person authorised to take statutory declaration

*(Section 172 of the Health Practitioners Competence Assurance Act 2003 provides for a fine not exceeding \$10,000 and penalties for a person who knowingly makes a false declaration or representation to the Board).*

## Section 5: Submission of your application

1. Please post your application to:
2. If you have any questions, please contact the Board on:

The Registrar  
Optometrists and Dispensing Opticians Board  
PO Box 9644  
Wellington 6141  
New Zealand

Phone: (64 4) 474 0704  
Fax: (64 4) 474 0709  
Email: Annette.McCoy@odob.health.nz  
Website: www.odob.health.nz

or courier to:

Level 5  
22 Willeston Street  
Wellington 6011  
New Zealand

## For office use:

- All questions completed
- Completed self declaration
- Evidence of clinical experience supplied (completed Case Log or 5 Case Studies and Letter of attestation)
- PSA Sign-off

\_\_\_\_\_  
**Registrar signature**

\_\_\_\_\_  
**Date approved**