

Continued Competency Declaration

Annual continuing competency declaration for Ophthalmic Laser Surgeries

Applicant Details

Title (circle): Dr/Mr/Miss/Mrs/Ms

First name:

Family/Surname:

ODOB Registration No:

Procedure(s) for which this declaration pertains:

Nd:YAG Capsulotomy

Nd:YAG Peripheral Iridotomy

Reflective Statement of How Newly Acquired Learnings has Influenced Practice

Change to Employment and/or Supervisor Details *(if different)*

Place of employment:

Start date (DD/MM/YYYY):

Typical weekly hours at this place of employment:

Total number of hours in relevant sub-speciality clinic where the procedure is performed:

Nominated supervisor:

Nominated Ophthalmologist Signature:

Date:

Optometrist Self Declaration

In submitting this form, I declare that (tick all that apply)

- I have performed a minimum number of 20 completed procedures per annum for each procedure.
- I have maintained the required learnings and have included a reflective statement on my learnings this year.
- I remain at the same work environment with the same supervisory environment, **or**
- I have provided details of a change to my supervisory environment above.
- I agree to notify the Board of any change to my employer or supervisory environment as soon as practical.
- I have provided the Board a patient log to meet the on-going audit requirements
- I understand that the any future permission to undertake laser surgery is contingent on meeting on-going auditing requirements and employment in a suitable supervisory environment.
- I have completed a Board approved laser safety course within the previous two years.
- All of the information provided with this application is true and correct in every particular and detail.
- I know of no reason that could cause the Optometrists and Dispensing Opticians Board not to be satisfied that I am a fit and competent person to undertake this training.

Name:

Signed:

Declared at

on this day of

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