



MISSISSIPPI STATE BOARD OF OPTOMETRY

APPLICATION FOR PRIMARY EYECARE PROCEDURE CERTIFICATION

Name: _____

Address: _____

Mississippi License # _____ TPA # _____

Please check the following credentialing portions and dates completed:

_____ 32 hours Primary Eyecare Procedures course
approved by the Board of Optometry. _____
date completed

(official certification of course completion must be forwarded to the Board office from the school of Optometry)

_____ Written Examination _____
date completed

_____ Clinical Skills Assessment _____
date completed

_____ 8 hour preceptorship with Board approved preceptor _____
date completed
(completed preceptor form must be forwarded to the Board office)

_____ \$750.00 PEP certification fee paid on-line.

I _____, do hereby swear that the above information is true and correct
(Optometrist's name)

to the best of my knowledge.

(Optometrist signature) _____ (date)