



Mississippi State Board of Optometry

**Application for
Primary Eyecare Procedures 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 online

I, _____, do hereby affirm that the above
(Optometrist's Name)

information is true and correct to the best of my knowledge.

Optometrist's Signature

Date