Texas Professional Responsibility 2026

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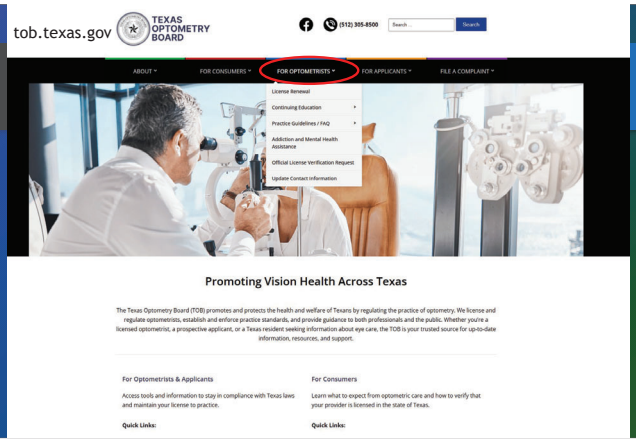
Disclosures

- Kyle Sandberg, OD, FAAO
  - Tarsus - Speaker
  - AbbVie - Speaker
  - World College of Refractive Surgery and Visual Sciences – Founding Member/Shareholder

Discussion Topics

1. Updates on the TOB website
2. Initial patient visit – definitions and examples
3. Scams and how to avoid them
4. Compliance issues and recent violations
5. FTC compliance with Rx release
6. Poison Control
7. Consumer information displays
8. PRN

TOB Website



Continuing Education

- No opioid requirement as of September 2025
  - Replace this hour with any D/T hour
- 1 hour of PR EACH YEAR (2 total)
- 1 hour of Human Trafficking per 2-year renewal cycle
- At least 1 hour of CPR/BLS per 2-year renewal cycle

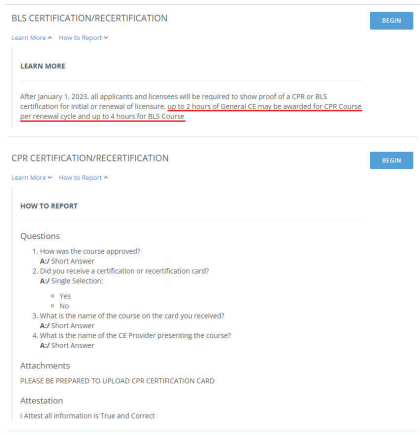
CONTINUING EDUCATION REQUIREMENTS FOR TWO-YEAR RENEWAL
BOARD RULE 275.1 and 275.2

32 total hours are required per biennial renewal

32 HOURS	2 HOURS	1 HOUR
32 total hours of continuing education taken during the two-year period preceding license renewal • 24 hours of the required 32 hours shall be in the diagnosis or treatment of ocular disease.	Two hours of the required 32 hours shall be in professional responsibility. One professional responsibility course must be taken each year.	One hour of the required 32 hours shall be a course in human trafficking.

CPR or BLS Certification – Beginning in 2023, licensees must upload proof of current **CPR** or **BLS** certification to the General CE Category on their CE Broker profiles prior to renewing every two years. The Board does not approve CPR/BLS courses and will accept any course from a recognized provider. Instructions for Uploading CPR/BLS. These courses can count for up to four hours of CE depending on the length of the course.

State law imposes very expensive penalties for failing to renew on time and for failing to obtain the required Board approved continuing education on time.



CE Broker – CPR and BLS

- The TOB does NOT review or approve these courses
- There are in-person and online courses that satisfy the requirements.

Board Rule §273.17

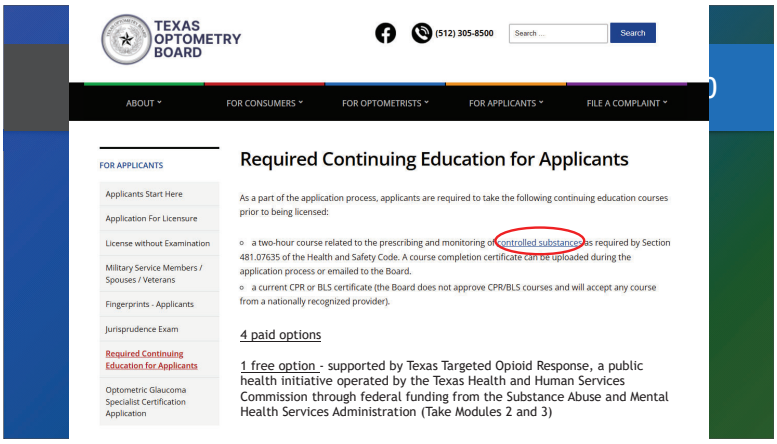
"A certification in CPR includes training and successful course completion in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards."

"A certification in BLS includes training and successful course completion in airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, according to recognized national standards.

A Note on Controlled Substances

- While the requirement for education on opioid prescribing has been removed, NEW licensees are required to provide proof of 2 hours of CE related to prescribing and monitoring controlled substances.
- This is STATE LAW (Texas Health & Safety Code § 481.07635), not a TOB rule, however, The Texas Optometry Board has determined, by rule, that the requirement must be met prior to receiving a license.
- This is one time requirement





Updating the Board - Tex. Occ. Code 351.351

- Sec. 351.351. LICENSE HOLDER INFORMATION.

(a) A license holder shall file with the board:

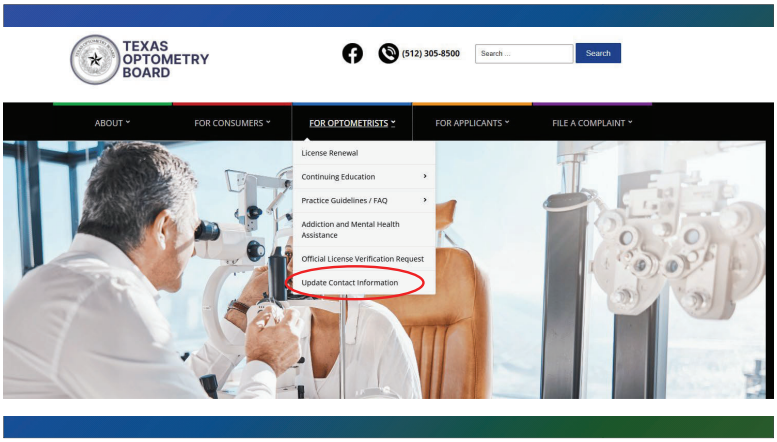
(1) the license holder's mailing address; — Where you prefer that the TOB contacts you

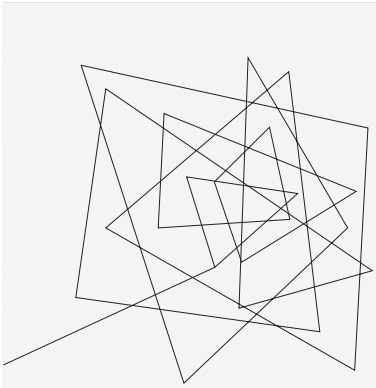
(2) the address of the license holder's residence; — Where you live (and may or may not want to be contacted)

(3) the mailing address of each office of the license holder; — Any location at which you provide eye care to Texans

(4) the address for the location of each office of the license holder that has an address different from the office's mailing address. — If any of your offices' physical addresses differ from the mailing address

- (b) Not later than the 10th day after the date of a change in the information required to be filed with the board under Subsection (a), the license holder shall file with the board a written notice of the change.





Required Exam Elements and "New" Patients

Board Rules – **YOUR** Job

Texas Administrative Code

TITLE 22	EXAMINING BOARDS
PART 14	TEXAS OPTOMETRY BOARD
CHAPTER 279	INTERPRETATIONS
RULE §279.3	Spectacle Examination

(a) The optometrist or therapeutic optometrist shall, in the initial examination of the patient for whom ophthalmic lenses are prescribed:

(1) **Personally make and record, if possible**, the following findings of the conditions of the patient

(A) biomicroscopy examination (lids, cornea, sclera, etc.), using a binocular microscope;

(B) internal ophthalmoscopic examination (media, fundus, etc.), using an ophthalmoscope or biomicroscope with fundus condensing lenses; **videos and photographs may be used only for documentation and consultation purposes but do not fulfill the internal ophthalmoscopic examination requirement**; and

(C) subjective findings, far point and near point.

…

(3)Personally notate in the patient's record the reasons why it is not possible to make and record the findings required in this section.

Let's break down the language

"If possible"

- The Intent is meant to address situations where there is something beyond the control of the doctor or a unique scenario that prevents examination.
  - New language to clarify: *"must be made unless prohibited by the patient's unique condition"*

Ex:

- The patient refuses any portion of the exam
- Significant nystagmus prevents IOP measurement
- A child won't cooperate for DO/BIO
- Hypermature cataracts prevent view of the posterior pole
- A monocular patient cannot do binocular testing

- **Intent is NOT** – the patient and the doctor just don't happen to be in the same place at the same time, or that you don't have the right equipment
- If something is "not possible" document **WHY**

SUMMARY

	Optometry Act 351.353	Board Rule 277.7	Board Rule CL 279.1	Board Rule Specs 279.3
Identification of the patient		X		
Date of Exam		X		
Name of OD		X		
Medical Hx		X		
Case Hx	X	X	X	X
Visual Acuities	X	X - must check monocular	X	X
Ret/Auto	X	X - May use AR tape	X	X
Near/Far Manifest	X	X	X	X
Assess BV	X	X - specify test	X	X
Accommodative Testing	X	X - specify test	X	X
Tonometry	X	X - specify test	X	X
Angle of vision	X	X	X	X
SLE	X	X	X	X
Fundus Exam	X	X	X - Can't use pics	X - Can't use pics
Instruct on the care of CLs (can delegate) and observe proper hygiene**			X	

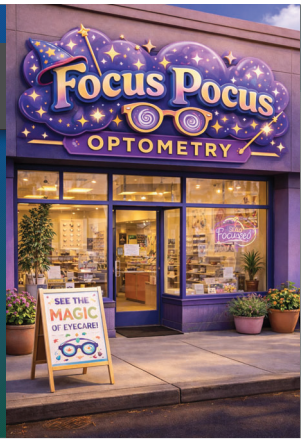
X- Cannot Delegate these Items

**sanitary office conditions, running water in the office where contact lenses are dispensed, and proper sterilization of diagnostic lenses and instruments

Case 1

- Luke Atcha, OD saw Mrs. Ima Blur at *Focus Pocus Optometry* in April of 2024. Dr. Atcha was an associate doctor at that time.
- In November of 2025, Dr. Atcha opens a cold-start practice, *Hazy Daze Optometry*, about 4 miles from the *Focus Pocus* office.
- On January 21, 2026, Mrs. Blur walks into *Hazy Daze* and requests an updated spectacle prescription. Dr. Atcha already has previous records from *Focus Pocus* and dispenses a spectacle Rx at the conclusion of the exam. Dr. Atcha decides not to dilate the patient or perform a fundus exam, but he does take an Optos photo of the retina.

- **Did Dr. Atcha violate any laws or TOB Rules?** **No**

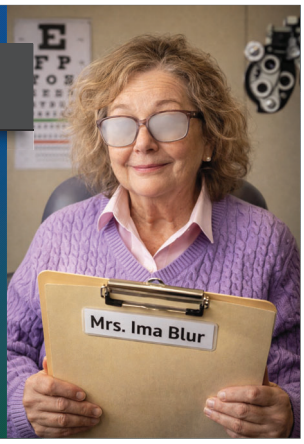


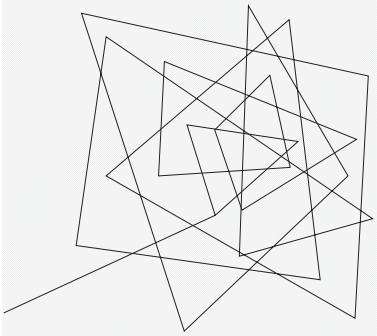
So… what is an "initial visit"?

- For the purposes of compliance with Board Rule 279.3, a patient is considered new/initial visit when 3 or more years have elapsed since the last visit.
- 2025 Board Rule adds clarity – took effect mid-December 2025 –
- The patient encounter is NOT considered "initial" if EITHER the doctor OR the practice maintain the records over the 3-year period.
- IMPORTANT – These timelines only apply for examinations that result in the dispensing of an ophthalmic Rx.
  - So, a red eye visit does not restart the clock, even if all the elements of the exam were performed.

Initial Visit

- In the previous example, Mrs. Ima Blur would also **not** be considered a new patient/initial visit if another doctor at *Focus Pocus Optometry* saw her in the 3-year time frame.
- The doctor would not be required to meet all exam elements listed in 351.353 in order to dispense an ophthalmic prescription

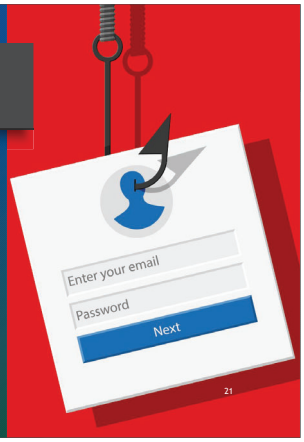




Scams

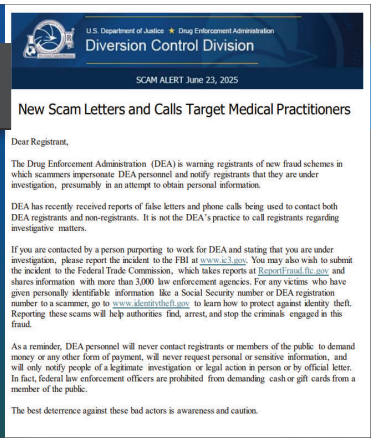
Scams

- Scammers are targeting doctors (across all health professions), through phone calls and mail (although text, email and social media are also possible avenues)
- Many will impersonate agents from the DEA, FBI, law enforcement or even the Texas Optometry Board.
- Scammers may seek to gain access to personal information or ask licensees to resolve outstanding penalties or fines supposedly levied against the professional license.



Things to look for…

- The DEA and CMS have both issued statements clarifying that they NEVER ask for money or gift cards over the phone.
- Government agencies will notify people of legitimate investigations in person or by official letter.



U.S. Department of Justice ★ Drug Enforcement Administration

Diversion Control Division

SCAM ALERT June 23, 2025

New Scam Letters and Calls Target Medical Practitioners

Dear Registrant,

The Drug Enforcement Administration (DEA) is warning registrants of new fraud schemes in which scammers impersonate DEA personnel and notify registrants that they are under investigation, presumably in an attempt to obtain personal information.

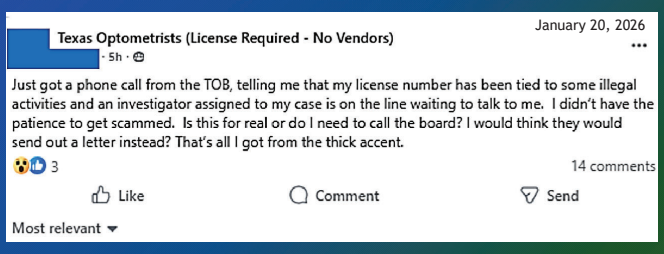
DEA has recently received reports of false letters and phone calls being used to contact both DEA registrants and non-registrants. It is not the DEA's practice to call registrants regarding investigative matters.

If you are contacted by a person purporting to work for DEA and stating that you are under investigation, please report the incident to the FBI at www.ic3.gov. You may also wish to submit the incident to the Federal Trade Commission, which takes reports at ReportFraud.ftc.gov and shares information with more than 3,000 law enforcement agencies. For any victims who have given personally identifiable information like a Social Security number or DEA registration number to a scammer, go to www.identitytheft.gov to learn how to protect against identity theft. Reporting these scams will help authorities find, arrest, and stop the criminals engaged in this fraud.

As a reminder, DEA personnel will never contact registrants or members of the public to demand money or any other form of payment, will never request personal or sensitive information, and will only notify people of a legitimate investigation or legal action in person or by official letter. In fact, federal law enforcement officers are prohibited from demanding cash or gift cards from a member of the public.

The best deterrence against these bad actors is awareness and caution.

Happening Daily



Texas Optometrists (License Required - No Vendors)

[redacted] · 5h ·

January 20, 2026

Just got a phone call from the TOB, telling me that my license number has been tied to some illegal activities and an investigator assigned to my case is on the line waiting to talk to me. I didn't have the patience to get scammed. Is this for real or do I need to call the board? I would think they would send out a letter instead? That's all I got from the thick accent.

3 14 comments

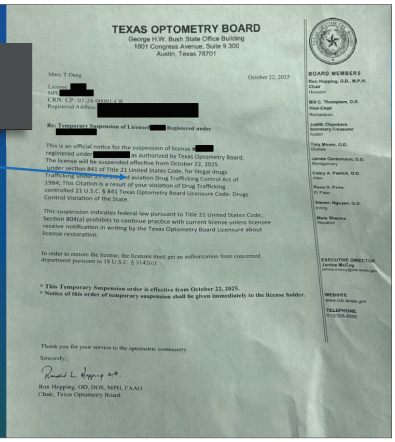
Like Comment Send

Most relevant

There will be signs…

Aviation Drug-Trafficking Control Act of 1984

- requires the Administrator of the Federal Aviation Administration to revoke the airman certificate of any person who has been convicted of violations (other than simple possession) of State or Federal law relating to controlled substances



TEXAS OPTOMETRY BOARD

George H.W. Bush State Office Building
1801 Congress Avenue, Suite 9.300
Austin, Texas 78701

Mary T Dang

October 22, 2025

Re: Temporary Suspension of License [redacted] Registered under [redacted]

This is an official notice for the suspension of license [redacted] registered under [redacted] as authorized by Texas Optometry Board. The license will be suspended effective from October 22, 2025 under section 841 of Title 21 United States Code, for Illegal drugs Trafficking Under the Aviation Drug Trafficking Control Act of 1984; This Citation is a result of your violation of Drug Trafficking controlled 21 U.S.C. § 841 Texas Optometry Board Licensure Code: Drugs Control Violation of the State.

This suspension indicates federal law pursuant to Title 21 United States Code; Section 808(a) prohibits to continue practice with current license unless licensee receive notification in writing by the Texas Optometry Board Licensure about license restoration.

In order to restore the license, the licensee must get an authorization from concerned department pursuant to 18 U.S.C. § 31421(c).

* This Temporary Suspension order is effective from October 22, 2025.
* Notice of this order of temporary suspension shall be given immediately to the license holder.

Thank you for your service to the optometric community.

Sincerely,

Ron Hopping, OD, DOS, MPH, FAAO
Chair, Texas Optometry Board

BOARD MEMBERS

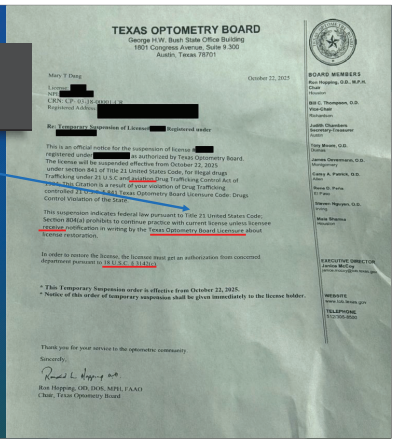
EXECUTIVE DIRECTOR
Janice McCoy

WEBSITE

TELEPHONE

There will be signs…

- 21 U.S.C. § 804 refers to a section of the Federal Food, Drug, and Cosmetic (FD&C) Act allowing states, Indian Tribes, or certain entities to import prescription drugs from Canada to lower costs, provided they meet strict FDA safety, quality, and testing requirements to ensure they're the same as U.S.-approved versions
- 18 U.S.C. § 3142(c) is about **Federal pretrial release conditions (bail rules). It has nothing to do with license restoration**



TEXAS OPTOMETRY BOARD
George H.W. Bush State Office Building
1801 Congress Avenue, Suite 9.300
Austin, Texas 78701

October 22, 2025

Mary T Dang
Lic. [redacted]
NPI [redacted]
CRN: CP-03-19-04001-24
Registered Address: [redacted]

Re: Temporary Suspension of License [redacted] Registered under [redacted]

This is an official notice for the suspension of license [redacted] registered under [redacted] as authorized by Texas Optometry Board. The license will be suspended effective from October 22, 2025 under section 841 of Title 21 United States Code, for Illegal drugs Trafficking under 21 U.S.C and Texas Drug Trafficking Control Act of Texas. This Citation is a result of your violation of Drug Trafficking controlled 21 TAC 5.401 Texas Optometry Board Licensure Code: Drugs Control Violation of the State.

This suspension indicates federal law pursuant to Title 21 United States Code; Section 804(a) prohibits to continue practice with current license unless licensure receive notification in writing by the Texas Optometry Board Licensure about license restoration.

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Thank you for your service to the optometric community.

Sincerely,

Ron Hopping, OD, DOS, MPH, FAAO
Chair, Texas Optometry Board

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Judith Chambers Secretary-Treasurer Austin
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Steven Nguyen, O.D. Irving
Mona Sharma Houston

EXECUTIVE DIRECTOR
Jenina McCoy
jenina.mccoy@tob.texas.gov

WEBSITE
www.tob.texas.gov

TELEPHONE
(512) 305-9500

What's wrong with this picture?

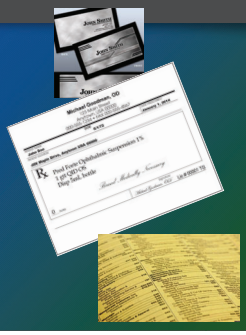


Professional designation

- Fines are frequently issued to Texas ODs for failing to use the proper identification
- The Healing Arts Practitioners section of the Texas Occupations Code (§104.003) defines these for all medical professionals in Texas.
- The proper designation must be included in any printing of the doctor's name on…

Professional designation

- the door of the practice (and any other sign)
- business cards
- Rx pads
- phone book or electronic listings
- stationary
- billing invoices



Identification of an optometrist

- Hugh C. Better, O.D., or
  - Hugh C. Better, Doctor of Optometry, or
  - Hugh C. Better, Optometrist, or
  - Dr. Hugh C. Better, Optometrist
- A therapeutic optometrist must use one of the above identifications, or any of the following:
  - Rita Readwell, Therapeutic Optometrist, or
  - Dr. Rita Readwell, Therapeutic Optometrist

Identification of an optometrist

- Optometric Glaucoma Specialist
  - This title may be used in professional designation but ***only*** in conjunction with one of the approved designations previously mentioned;
    - Al B. Seeing, O.D.
      Optometric Glaucoma Specialist, or
    - Norma Sight, Therapeutic Optometrist
      Optometric Glaucoma Specialist

Compliance with TOB Requests

Rule	What Licensee Must Provide	Deadline to Provide	Possible Penalty
§ 273.16	Patient records to Board staff	**14 days** from written request	Disciplinary action / administrative penalties
§ 277.1	Written complaint response + records	**14 days** from Board request (can be extended)	Discipline/penalties under Board authority
§ 277.7	Maintain accurate patient records	Produce upon request (14-day rule applies via § 273.16)	Discipline/penalties under Board authority

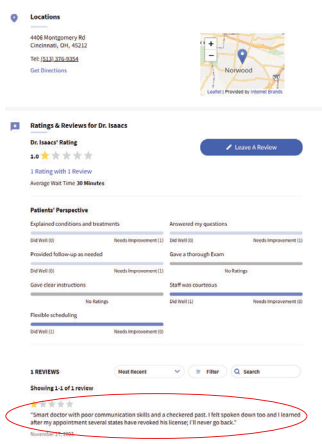
Authority of the Board

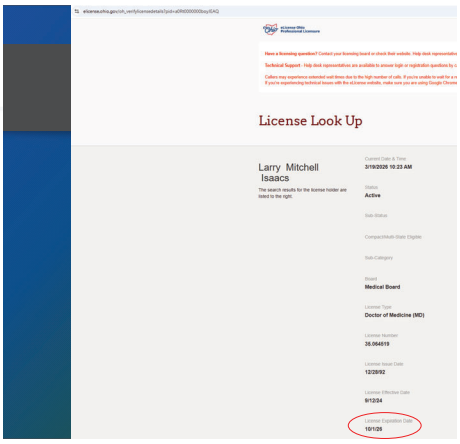
Type of Sanction	Source	Notes
Denial of license	§ 351.501	Refuse to issue initially
License **revocation**	§ 351.501	Permanent loss of license
License **suspension**	§ 351.501	Temporary loss of license
Probation	§ 351.501	Often with conditions
Reprimand	§ 351.501	Public or formal reprimand
Fines / Administrative penalties	§ 351.551 - 351.552	Up to $2,500 per violation
Conditions / limitations on practice	§ 351.501	e.g., supervised practice, education
Temporary suspension/restriction	§ 351.5015	Without prior hearing if threat exists
Cease & desist orders	§ 351.608	For unlicensed practice

Let me tell you a story

- From Med Page today:
  - Larry Mitchell Isaacs, MD surrendered his medical license after he allegedly removed a healthy kidney during what was supposed to be a colon surgery
    - He moved to California and got a medical license
  - In California, he mistakenly removed a woman's fallopian tube, during what was supposed to be an appendectomy (the patient had previously had her appendix removed)
    - He surrendered his license and moved to New York
  - In New York he surrendered the license after some of his previous troubles were noted by the medical board
    - He moved to Ohio
  - He still practices there to this day







National Practitioner Data Bank (NPDB)

- The NPDB was enacted by Congress in 1986 with the primary goal of protecting the public by reducing healthcare fraud and abuse
- One major goal is to prevent practitioners from moving state to state without disclosure or discovery of previous damaging performance
- If the TOB receives a report from the NPDB, it may trigger an official investigation or may even constitute a reason for emergency action against a license.
- All initial applicants are required to submit a self-query report to obtain a Texas license (listed as a top reason for licensure delays)

What does the NPDB collect?

- Not a complete list, but…
  - Medical malpractice payments (settlements)
  - Adverse clinical privileges actions per state licensing agency
  - Practitioner loss of license
  - Adverse professional society membership actions
  - Any adverse action report from the DEA
  - Exclusions from Federal or State healthcare programs

Who has access?

- Self query
- Legal representatives in a malpractice issue
- Hospitals and other healthcare entities including health and vision plans
- Professional societies
- Licensing or certification authorities
- Researchers and the public

NPDB Interesting Facts

- POTENTIAL actions against the provider are not reported until the adverse action has been in effect more than 30 days – rapid resolution for all issues is advised
- In the case of a malpractice CLAIM, if the practitioner makes a settlement with the aggrieved individual before an actual claim is filed, the action is not reportable
- If the claim is against a provider group or corporation, an individual within the group will not be reported if they are dismissed from the case prior to settlement
- Claims settled with an aggrieved individual are not reportable if the provider settles with the individual using the provider's own money

NPDB Dispute Process

In all cases, NPDB will send a copy of the initial report to the provider. Providers have 60 days to file a dispute against the NPDB report (dispute privilege advised but rarely used per the NPDB) → If the dispute is denied, the provider may submit a 4000 word or less challenge to the report which will remain a part of the file on that report → Strongly encouraged providers engage legal counsel in any attempts to dispute → Reports finally engrossed by the NPDB remain in effect forever.

National Practitioner Data Bank What the TOB MIGHT Report

- Adverse actions of a significant nature (including but not limited to revocation, suspension, reprimand, censure, probation)
- Egregious disregard for the law or repeat violations
- Significant deviations from minimum competency rules (not just leaving out a step or two)
- Actions involving criminal activity
- NOT minor administrative actions like not having the required consumer placard
- **Significant means significant and is always determined by the TOB on a case-by-case basis**

FTC Rules

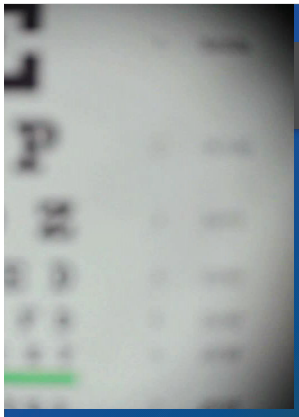
The Eyeglass Rule – FTC June 2024

- Changes require that prescribers, after providing the prescription, request that their patients sign a statement confirming they received their prescription and keep a record of such confirmation for at least three years.
  - These only apply to optometrists and ophthalmologists who have a financial interest in selling prescription eyewear.

Also:

- allows prescribers to provide the patient with a digital copy of a prescription in lieu of a paper copy; if the patient refuses the digital copy, the prescriber must provide a paper copy;
- explicitly specifies that the prescription must be provided immediately after the examination is completed. A patient must have their prescription before any offer to sell them glasses.
- clarifies that presentation of proof of insurance coverage shall be deemed to be a payment for the purpose of determining when a prescription must be provided.
- changes the term "eye examination" to "refractive eye examination". This is because the automatic release of prescriptions is only required following a refractive eye examination.

SOURCE: https://www.ftc.gov/news-events/news/press-releases/2024/06/ftc-announces-final-eyeglass-rule-implementing-updates-promote-competition-expand-consumer-choice



So… when can you hold an Rx?

1. If the patient has not paid for the examination (16 CFR 456.2(a))
   - but only if the prescriber requires immediate payment in the case of an examination that reveals no requirement for ophthalmic goods
2. If there is a medical reason for follow up necessity. In the case of a contact lens fitting, the term of the fitting is accepted to include:
   - (1) An examination to determine lens specifications;
   - (2) Except in the case of a renewal of a contact lens prescription, an initial evaluation of the fit of the contact lens on the eye; and
   - (3) Medically necessary follow-up examinations.

What about the signature thing on Contact Lens Rxs?

The language in Statute

Confirmation of prescription release.

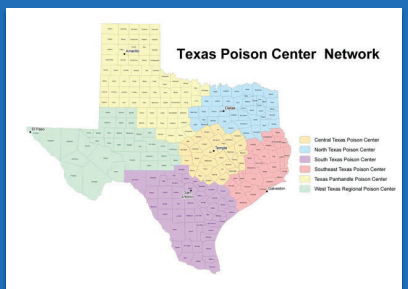
(i) Upon completion of a contact lens fitting, the prescriber shall do one of the following:

- (A) Request that the patient acknowledge receipt of the contact lens prescription by signing a statement confirming receipt of the contact lens prescription;
- (B) Request that the patient sign a prescriber-retained copy of a contact lens prescription that contains a statement confirming receipt of the contact lens prescription or
- (C)Request that the patient sign a prescriber-retained copy of the receipt for the examination that contains a statement confirming receipt of the contact lens prescription;
- (D) If a digital copy of the prescription was provided to the patient (via methods including an online portal, electronic mail, or text message) in compliance with paragraph (a)(1) of this section, retain evidence that the prescription was sent, received, or made accessible, downloadable, and printable.
- (ii) If the prescriber elects to confirm prescription release via paragraphs (c)(1)(i)(A), (B), or (C) of this section, the prescriber may, but is not required to, use the statement, "**My eye care professional provided me with a copy of my contact lens prescription at the completion of my contact lens fitting**" to satisfy the requirement.
- (iii) In the event the patient declines to sign a confirmation requested under paragraph (c)(1)(i)(A), (B), or (C) of this section, the prescriber shall note the patient's refusal on the document and sign it.

The language in plain English

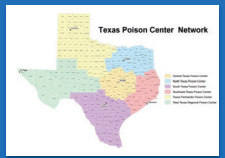
- When you provide a CL Rx, you can do 3 things on paper:
  1. Have the pt sign a statement saying they received the Rx
  2. Make a copy of the CL Rx and have the pt sign that
  3. Have the pt sign a copy of the payment receipt for the exam showing that the CL Rx was released
- You can do 1 thing if the CL Rx is electronic:
  1. Save a record that it was sent
- If the pt refuses to sign – NOTE IT in the chart and sign the chart
- Hang on to all of these things for 3 years

Poison Control



Texas Poison Center Network

- TPCN receives over 230,000 calls annually. 87% of calls are managed over the phone without need for additional care at a hospital.
  - 32% of calls come directly from physicians, nurses, EMS providers, pharmacists and physician assistants
- Helplines are staffed by specially trained physicians, nurses and pharmacists.
- Goal is to save lives and protect the health of Texans through our direct medical services, data collection and monitoring
- Annual cost savings to the healthcare system - $85,500,000



Texas Poison Center Network

- Information regarding the services provided by poison control centers may be found at the Texas Poison Center website. The center also has a toll free number: **1-800-222-1222.**



Required Signage

What you need to display

- In order for the public to be informed regarding the functions of the Board and the Board's procedures by which complaints are filed with and resolved by the Board, each licensee is required to display at every location where optometric services are provided information regarding the Board's name, address, and telephone number.

Texas Administrative Code

TITLE 22	EXAMINING BOARDS
PART 14	TEXAS OPTOMETRY BOARD
CHAPTER 273	GENERAL RULES
RULE §273.9	Public Interest Information

Consumer Information Notice

- Note that the TOB office moved in July of 2022.
- If you haven't checked your signage in a while, Do It!

Consumer Information Notice

Complaints regarding optometrists, therapeutic optometrists, or other individuals regulated by the Texas Optometry Board, may be reported to the following address:

TEXAS OPTOMETRY BOARD
George H.W. Bush State Office Building
1801 Congress Avenue, Suite 9.300
Austin, Texas 78701
512/305-8500

OR

Call Health Professions Council Complaint System at **1-800-821-3205** to leave name and address to receive a complaint form.

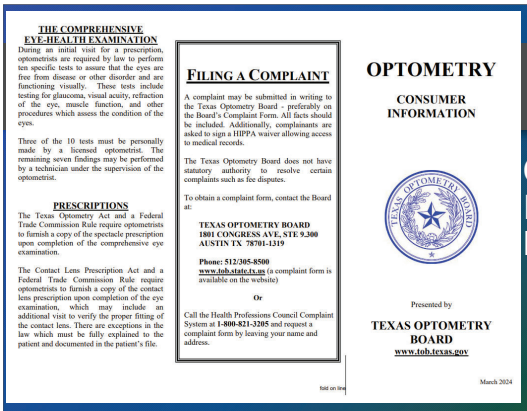
Aviso al Consumidor

Cualquier queja respecto a optometristas, optometristas terapeutas, asi como otros individuos reglamentados por el consejo de Optometria de Texas (Texas Optometry Board), puede reportarse a la direccion siguiente:

TEXAS OPTOMETRY BOARD
George H.W. Bush State Office Building
1801 Congress Avenue, Suite 9.300
Austin, Texas 78701
512/305-8500
o

llame al Sistema de quejas del Consejo de Professiones en el Área de la Sajud al **1-800-821-3205** para dejar su nombre y dirección para recibir un formulario para quejas.

Consumer Information Brochure



THE COMPREHENSIVE EYE-HEALTH EXAMINATION

During an initial visit for a prescription, optometrists are required by law to perform ten specific tests to assure that the eyes are free from disease or other disorder and are functioning visually. These tests include testing for glaucoma, visual acuity, refraction of the eye, muscle function, and other procedures which assess the condition of the eyes.

Three of the 10 tests must be personally made by a licensed optometrist. The remaining seven findings may be performed by a technician under the supervision of the optometrist.

PRESCRIPTIONS

The Texas Optometry Act and a Federal Trade Commission Rule require optometrists to furnish a copy of the spectacle prescription upon completion of the comprehensive eye examination.

The Contact Lens Prescription Act and a Federal Trade Commission Rule require optometrists to furnish a copy of the contact lens prescription upon completion of the eye examination, which may include an additional visit to verify the proper fitting of the contact lens. There are exceptions in the law which must be fully explained to the patient and documented in the patient's file.

FILING A COMPLAINT

A complaint may be submitted in writing to the Texas Optometry Board - preferably on the Board's Complaint Form. All facts should be included. Additionally, complainants are asked to sign a HIPPA waiver allowing access to medical records.

The Texas Optometry Board does not have statutory authority to resolve certain complaints such as fee disputes.

To obtain a complaint form, contact the Board at:

TEXAS OPTOMETRY BOARD
1801 CONGRESS AVE, STE 9.300
AUSTIN TX 78701-1319

Phone: 512/305-8500
www.tob.state.tx.us (a complaint form is available on the website)

Or

Call the Health Professions Council Complaint System at **1-800-821-3205** and request a complaint form by leaving your name and address.

told on line

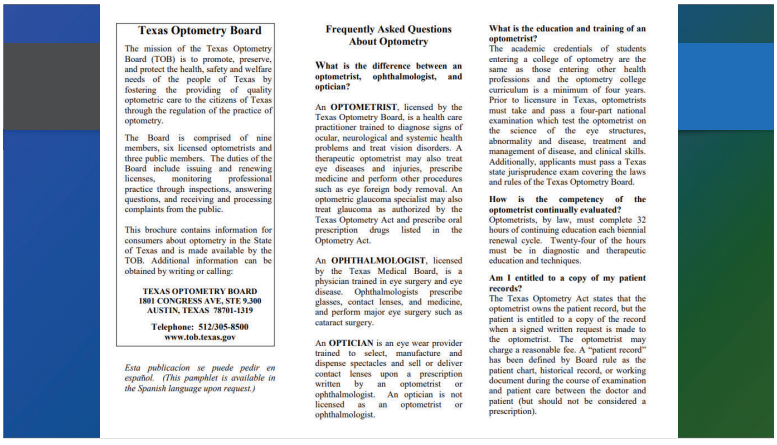
OPTOMETRY

CONSUMER INFORMATION

Presented by

TEXAS OPTOMETRY BOARD
www.tob.texas.gov

March 2024



Texas Optometry Board

The mission of the Texas Optometry Board (TOB) is to promote, preserve, and protect the health, safety and welfare needs of the people of Texas by fostering the providing of quality optometric care to the citizens of Texas through the regulation of the practice of optometry.

The Board is comprised of nine members, six licensed optometrists and three public members. The duties of the Board include issuing and renewing licenses, monitoring professional practice through inspections, answering questions, and receiving and processing complaints from the public.

This brochure contains information for consumers about optometry in the State of Texas and is made available by the TOB. Additional information can be obtained by writing or calling:

TEXAS OPTOMETRY BOARD
1801 CONGRESS AVE, STE 9.300
AUSTIN, TEXAS 78701-1319

Telephone: 512/305-8500
www.tob.texas.gov

Esta publicacion se puede pedir en español. (This pamphlet is available in the Spanish language upon request.)

Frequently Asked Questions About Optometry

What is the difference between an optometrist, ophthalmologist, and optician?

An **OPTOMETRIST**, licensed by the Texas Optometry Board, is a health care practitioner trained to diagnose signs of ocular, neurological and systemic health problems and treat vision disorders. A therapeutic optometrist may also treat eye diseases and injuries, prescribe medicine and perform other procedures such as eye foreign body removal. An optometric glaucoma specialist may also treat glaucoma as authorized by the Texas Optometry Act and prescribe oral prescription drugs listed in the Optometry Act.

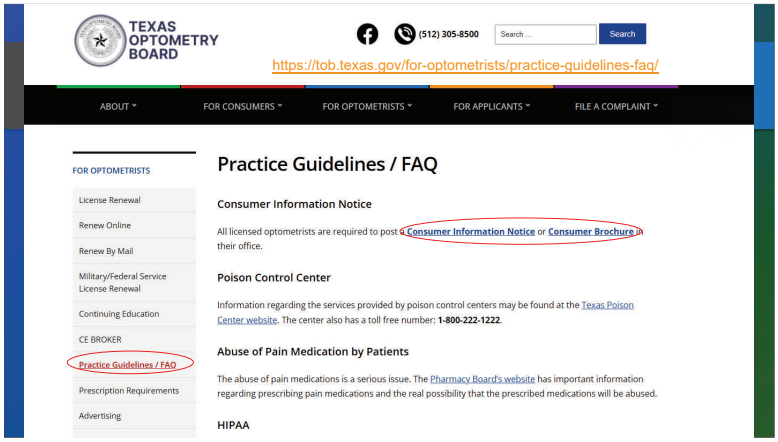
An **OPHTHALMOLOGIST**, licensed by the Texas Medical Board, is a physician trained in eye surgery and eye disease. Ophthalmologists prescribe glasses, contact lenses, and medicine, and perform major eye surgery such as cataract surgery.

An **OPTICIAN** is an eye wear provider trained to select, manufacture and dispense spectacles and sell or deliver contact lenses upon a prescription written by an optometrist or ophthalmologist. An optician is not licensed as an optometrist or ophthalmologist.

What is the education and training of an optometrist?
The academic credentials of students entering a college of optometry are the same as those entering other health professions and the optometry college curriculum is a minimum of four years. Prior to licensure in Texas, optometrists must take and pass a four-part national examination which test the optometrist on the science of the eye structures, abnormality and disease, treatment and management of disease, and clinical skills. Additionally, applicants must pass a Texas state jurisprudence exam covering the laws and rules of the Texas Optometry Board.

How is the competency of the optometrist continually evaluated?
Optometrists, by law, must complete 32 hours of continuing education each biennial renewal cycle. Twenty-four of the hours must be in diagnostic and therapeutic education and techniques.

Am I entitled to a copy of my patient records?
The Texas Optometry Act states that the optometrist owns the patient record, but the patient is entitled to a copy of the record when a signed written request is made to the optometrist. The optometrist may charge a reasonable fee. A "patient record" has been defined by Board rule as the patient chart, historical record, or working document during the course of examination and patient care between the doctor and patient (but should not be considered a prescription).



Professional Recovery Network

Professional Recovery Network

- Established in 1981 by the Texas Pharmacy Association
  - Optometry was added September 1, 2010
- Helps professionals, students and professional staff in the fields of pharmacy, optometry, dentistry and veterinary medicine overcome potential impairment due to substance abuse issues or mental illness.

Professional recovery network

- The reporting and treatment are confidential
- The goal is to provide public safety while preventing disciplinary action against a professional license.
- The above criteria apply if the individual complies with their treatment program.

PRN

- Contact information:
  - PRN Hotline: 1-800-727-5152
  - PRN Address: 6207 Bee Caves Road, Suite 120, Austin, TX 78746
  - Website: http://www.txprn.com/

THANK YOU

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San Antonio, TX
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