



# 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 by the preceptor)*
  
- \$750.00 PEP certification fee paid online \_\_\_\_\_ *date completed*

I, \_\_\_\_\_, do hereby affirm that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Optometrist's Signature*

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