



MISSISSIPPI STATE BOARD OF OPTOMETRY

PRECEPTOR AGREEMENT

Last Name

First Name

Middle Initial

Mailing Address

City

State

Zip Code

Telephone Number

Email Address

Mississippi Optometry License Number

Are you currently licensed as an ophthalmologist? Yes No

If yes, in what state? _____

By submitting this form, you agree to serve as a preceptor to a Mississippi licensed optometrist. Pursuant to Miss. Code Ann. §73-19-1 et. sec. [HB 1302, 2021 Legislative Session], Mississippi licensed ODs who wish to become certified in certain advanced procedures must “participate in eight (8) additional hours of working under a preceptor who is either an ophthalmologist or licensed credentialed optometrist. The preceptor must be licensed to perform the ophthalmic YAG laser posterior capsulotomy procedures and the training shall occur within the state in which the preceptor is licensed to perform such procedures. You may work with multiple ODs simultaneously.

The Mississippi State Board of Optometry (MSBO) requires the following elements to be included in any preceptorship but not limited to:

1. Pre- and post-operative care of YAG capsulotomy procedures
2. Indications, complications and informed consent of YAG laser capsulotomy
3. Safety and compliance
4. Demonstrates for preceptor the proper focusing techniques of an INACTIVE YAG laser on a living eye in all four quadrants of capsule
5. Observes tissue photo disruption while preceptor performs procedure on a living eye

Preceptors can allow the optometrist to observe YAG Laser Capsulotomy procedures but shall not allow the optometrist to operate the laser or perform any aspect of the procedure on any patient of the preceptor.

MSBO acknowledges and understands that the preceptor will attest only whether an optometrist was present for the required eight (8) hours of preceptorship and, in so attesting, will offer no opinion, by implication or otherwise, that the optometrist is adequately trained or qualified to perform any patient care services with the YAG laser or any other equipment.

Preceptor's Signature

Date of Application

Preceptor's Printed Name