



# ANNUAL CONTINUING COMPETENCY DECLARATION FOR OPHTHALMIC LASER SURGERIES

#### Instructions

Use this form to meet the annual continuing competency requirements for the Specialist Optometrist – Ophthalmic laser surgery scope of practice. Please read the *Ophthalmic Laser Surgeries – Guidelines for New Zealand Optometrists* prior to completing this form. Please answer every question and submit this before or on 31 October each year. Incomplete applications will be returned to the applicant.

| Section 1: Personal and contact details             |                      |                             |  |  |  |  |
|---|----------------------|-----------------------------|--|--|--|--|
| Title (circle): Dr/Mr/Miss/Mrs/Ms/Mx First/other    | names:               |                             |  |  |  |  |
| Family name/surname:                                |                      | . Registration No:          |  |  |  |  |
| Procedure(s) for which this declaration pertains:   | Nd:YAG Capsulotomy   | Nd:YAG Peripheral Iridotomy |  |  |  |  |
| Section 2: Reflective statement influenced practice | ent of how newly acc | uired learnings has         |  |  |  |  |
|   |                      |                             |  |  |  |  |
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|   |                      |                             |  |  |  |  |

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#### Section 3: Change to employment and/or supervisor details (if different)

#### **Employment details (Hospital Ophthalmology Department/ Clinic)** Name of place of employment: Address: (if different from above) Postcode: Optometrist Start date: day/month/year...../...../...... Typical weekly hours at this place of employment (department/clinic): The Board approved the following types of clinics that would be suitable for training: YAG capsulotomy: any slit lamp-based in-person clinic: Anterior segment, uveitis, medical retina, surgical retina, glaucoma, acutes; and/or YAG laser peripheral iridotomy (LPI): Glaucoma, and acutes related to glaucoma. Total number of hours in the relevant Board approved clinic(s) where the surgery is performed Name of clinic Type(s) of clinic(s) **Number of hours** Surgery/Surgeries ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... Supervisor details First/other names: ..... Title (circle): Dr/Mr/Miss/Mrs/Ms/Mx Family name/surname: ..... Occupation/ designation: ..... Work phone: Primary email contact: **Supervisor Declaration** I (full name) ..... understand the procedure which the optometrist is required to follow in order to be able to independently perform OR be suitable for independently performing the nominated procedure(s). 2. understand my involvement in the process and agree to provide the required supervision and training of the applicant optometrist. .....

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Date

Nominated Ophthalmologist Signature

### **Section 4: Self declaration**

This statutory declaration must be no more than six months old at the time the complete application is received by the Board. In New Zealand, statutory declarations can be taken by a Judge, Commissioner of Oaths, Justice of the Peace, solicitor of New Zealand, notary public, commonwealth representative, or other officer authorised to take statutory declarations. If you are applying from overseas, you must find a person who is authorised to take a statutory declaration in the country from which you are applying.

| PLE                        | PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.  |  |  |  |  |
|----------------------------|--|--|--|--|--|
| I,                         |  | Full name  |  |  |  |
| of                         | Place of abode/address   | Occupation/ Designation  |  |  |  |
| solen                      | nnly and sincerely declare that:   |  |  |  |  |
| a. b. c. d. e. f. g. h. i. | Nd:YAG Capsulotomy and Nd:YAG Periphe I have maintained the required learnings and I remain at the same work environment with of a change to my supervisory environment I agree to notify the Board of any change to I have provided the Board a case log to mee I understand that the any future permission auditing requirements and employment in a I have completed a Board approved laser sa All of the information provided with this applies. | d have included a reflective statement on my learnings this year. the same supervisory environment, <u>OR</u> I have provided details above.  my employer or supervisory environment as soon as practical. Let the on-going audit requirements. To undertake laser surgery is contingent on meeting on-going suitable supervisory environment. Let yourse within the previous two years. Lication is true and correct in every particular and detail. Let you metrists and Dispensing Opticians Board not to be satisfied. |  |  |  |
|                            | I make this solemn declaration conscientious arations Act 1957.  | sly believing the same to be true and by virtue of the Oaths and   |  |  |  |
| Signa                      | ature of declarant:  |  |  |  |  |
| Decla                      | ared at on this  | day of 20  |  |  |  |
| Befor                      | re me:   |  |  |  |  |

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## Section 5: Laser Surgery Logbook and Continuing Competency Plan

| Please attach the following:         |                         |  |
|--------------------------------------|-------------------------|--|
| Laser Surgery Logbook                |                         |  |
| Continuing Competency Plan           |                         |  |
|                                      |                         |  |
| For office use:                      |                         |  |
| ☐ All questions completed            | ☐ All evidence attached |  |
| ☐ Completed self-declaration         |                         |  |
|                                      |                         |  |
|                                      |                         |  |
|                                      |                         |  |
| Registrar/Deputy Registrar signature |                         |  |
|                                      |                         |  |

Date:

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