

# TEXAS OPTOMETRY BOARD

333 Guadalupe Street, Suite 2-420  
 Austin, Texas 78701-3942  
 512/305-8500 Fax 512/305-8501



## CASE REVIEW CONSULTANT - OPHTHALMOLOGIST

The Board is seeking qualified case review consultants to carry out duties established by SB993 of the 87<sup>th</sup> Regular Legislative Session. Attach a current curriculum vita to this application (including training and experience) and submit to [kelly.parker@tob.texas.gov](mailto:kelly.parker@tob.texas.gov). Applications will be reviewed and approved by the Board. If approved, consultants will be required to contract with the Board for a set fee.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### LICENSURE, PRACTICE AND MEMBER INFORMATION:

<p><b>Licensure &amp; Practice:</b></p> <p>Texas Medical Board License Number: _____</p> <p>Current Practice Setting (mark with "X"):  <input type="checkbox"/> Private      <input type="checkbox"/> Institutional  <input type="checkbox"/> Limited to Clinical Teaching</p>	<p><b>Disciplinary Action (check all that apply):</b></p> <p><input type="checkbox"/> I have not been the subject of any disciplinary action or conviction by any federal, state, or regulatory authority in Texas or any other state</p> <p><input type="checkbox"/> I am currently the subject to a pending investigation with the Texas Medical Board.</p> <p><input type="checkbox"/> I am attaching legal disposition documents.</p>
<p>Are you or your spouse an officer, employee, or paid consultant of a Texas trade association?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>Are you a member of the faculty or board of trustees of an optometry school or an institution of higher education with an affiliated optometry school?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>Are you actively treating glaucoma patients?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	

**CONSULTANT SERVICES**

Please initial next to each duty you are willing to perform as case review consultant.

\_\_\_ Work/consult with the Texas Optometry Board staff.

\_\_\_ Review complaints and patient records.

\_\_\_ Prepare a written report in a timely fashion.

**CRITERIA FOR SERVING AS A CASE REVIEW CONSULTANT**

- Hold an active and unrestricted Texas Medical License as an ophthalmologist.
- Live and work in Texas.
- No disciplinary action by the TMB or other regulatory agency.
- At least five years’ experience treating glaucoma.
- Must submit application and CV.
- Subject to approval by the Board.

**EXPERT REVIEWER AGREEMENT**

If selected by the Board as a case review consultant, I acknowledge and understand that I must:

- Comply with required report requirements and TOB timelines.
- Decline any involvement in a case where a conflict of interest may arise.
- Not make contact with the parties involved in the case.
- Hold all information relating to an investigation in strict confidence, and deliver all documents, files and reports directly to the Board’s Executive Director or Board Investigator.
- Adhere to a strict confidentiality agreement.

**ATTESTATION**

I acknowledge and understand that the information in records may contain protected health, legally privileged, or otherwise confidential information. Case review consultants are not permitted to disseminate, distribute, disclose, copy or forward records to parties outside of the Texas Optometry Board. Accidental release is unlawful disclosure.

\_\_\_\_\_  
Printed Name of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant