

## **GUIDANCE FOR DISPENSING OPTOMETRISTS**

Effective March 1, 2024, optometrists may register with the Board of Pharmacy to dispense certain prescription drugs. G.S. § 90-127.4. Dispensing optometrists may dispense prescription drugs to their own patients only for the diagnosis and treatment of abnormal conditions of the eye and its adnexa. G.S. § 90-127.4(a) & (c). Dispensing optometrists may not compound medications, nor may they dispense controlled substances. G.S. § 90-127.4(a).

Dispensing optometrists must register with the Board of Pharmacy prior to beginning dispensing activities and must renew that registration annually. G.S. § 90-85.26B. The initial registration fee is \$75, as is the annual renewal fee. G.S. § 90-85.24(a)(20).

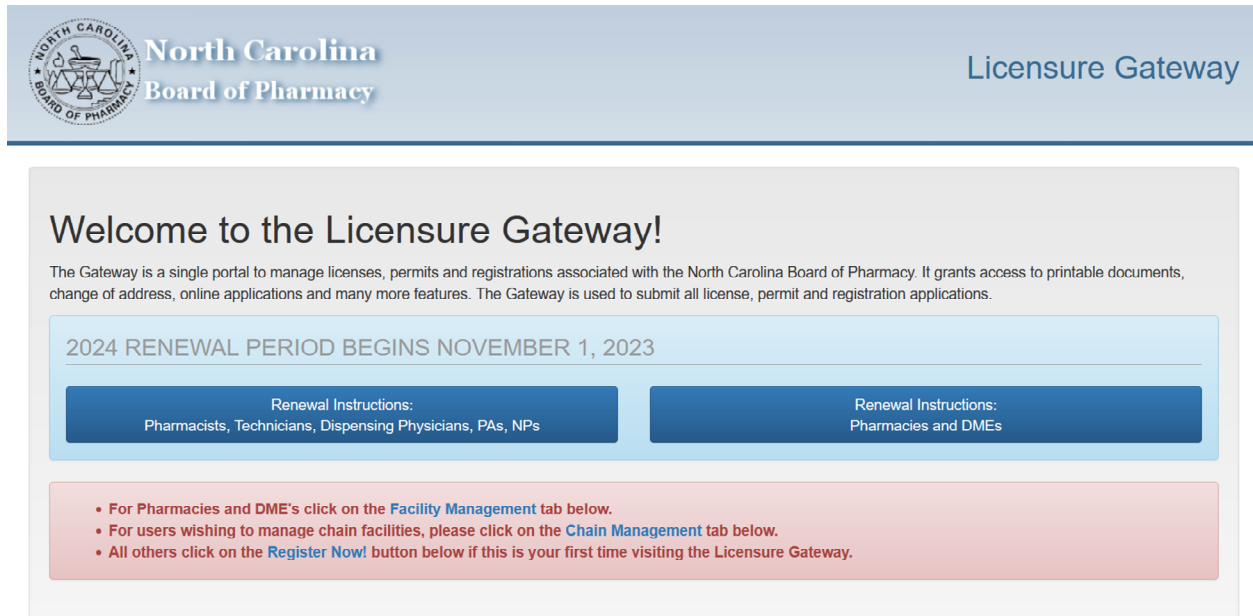
A dispensing optometrist must comply in all respects with relevant laws and regulations that apply to pharmacists governing the distribution of drugs, including packaging, labeling, and record keeping. G.S. § 90-85.26B. The Board of Pharmacy may discipline a dispensing optometrist's registration for violation of these laws and regulations. The Board of Optometry may discipline an optometrist's license to practice optometry. G.S. § 90-85.25B.

\* \* \*

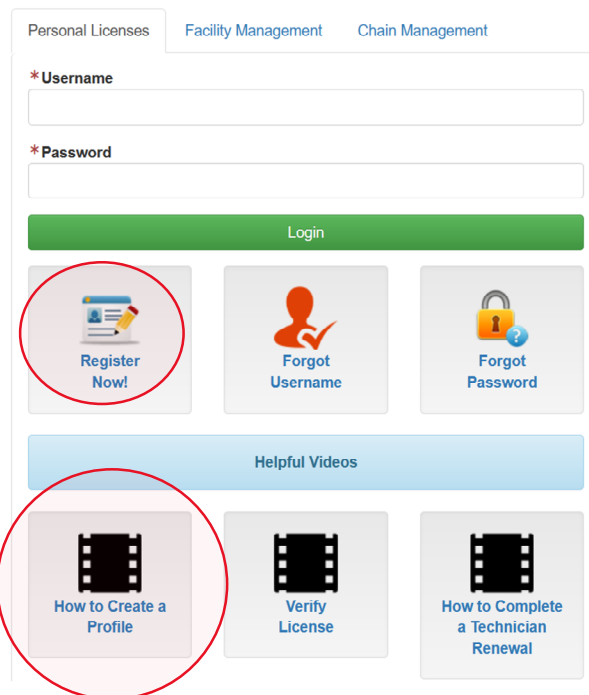
## Instructions for Registering as a Dispensing Optometrist

**Step 1.** Create a profile in the Board's Licensure Gateway. Navigate to <https://portal.ncbop.org> Click REGISTER NOW and follow the prompts.

Please note, to access any of our applications, a profile must be created first. The profile creation process has several steps and is required for all licensees and registrants. We have a tutorial video on our Licensure Gateway page that goes through the profile creation process, step by step.

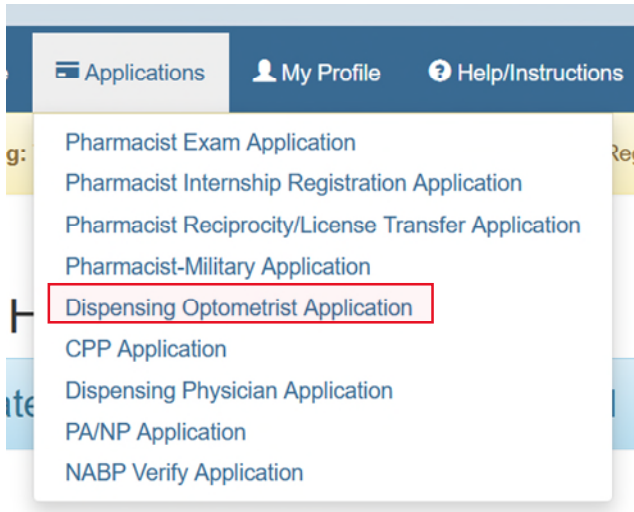


The screenshot shows the top of the Licensure Gateway website. On the left is the North Carolina Board of Pharmacy logo. The page title is "Licensure Gateway". Below the header, a large heading reads "Welcome to the Licensure Gateway!". A sub-header explains that the Gateway is a single portal for managing licenses, permits, and registrations. A light blue banner announces that the "2024 RENEWAL PERIOD BEGINS NOVEMBER 1, 2023". Below this are two buttons for "Renewal Instructions": one for "Pharmacists, Technicians, Dispensing Physicians, PAs, NPs" and another for "Pharmacies and DMEs". A pink box contains instructions: "For Pharmacies and DME's click on the Facility Management tab below.", "For users wishing to manage chain facilities, please click on the Chain Management tab below.", and "All others click on the Register Now! button below if this is your first time visiting the Licensure Gateway."

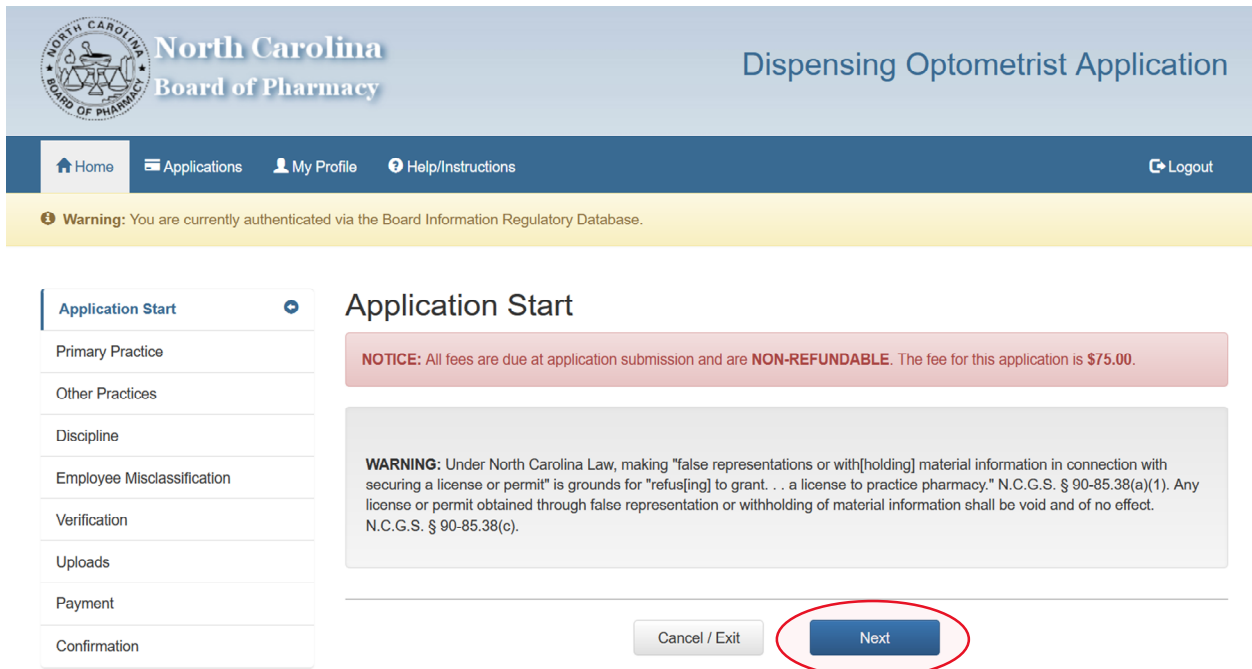


This screenshot shows the user interface for logging in or registering. At the top, there are three tabs: "Personal Licenses", "Facility Management", and "Chain Management". Below the tabs are two input fields: "\*Username" and "\*Password". A green "Login" button is positioned below the password field. Underneath are three buttons: "Register Now!" (circled in red), "Forgot Username", and "Forgot Password". A light blue bar labeled "Helpful Videos" is below these buttons. Under the "Helpful Videos" bar are three video thumbnails: "How to Create a Profile" (circled in red), "Verify License", and "How to Complete a Technician Renewal".


**Step 2:** Click on the APPLICATIONS drop-down menu, then select DISPENSING OPTOMETRIST APPLICATION



**Step 3:** Complete the application.



Enter your Primary Practice site. The name and address of this practice site must the same as that you have recorded with the Optometry Board.

 **North Carolina**  
Board of Pharmacy

Dispensing Optometrist Application

Home Applications My Profile Help/Instructions Logout

**Warning:** You are currently authenticated via the Board Information Regulatory Database.

Application Start	✓
Primary Practice	+
Other Practices	
Discipline	
Employee Misclassification	
Verification	
Uploads	
Payment	
Confirmation	

## Primary Practice

\*Name of Practice:

\*Address:

\*Zip, City, State:


Primary Phone #:

Fax #:

\*Optometrist's North Carolina License Number:

Previous Cancel / Exit **Next**

Enter Other Practice site(s). Please enter every location for which you hold a branch office license with the Optometry Board. Click ADD PRACTICE to add branch office license locations.



**North Carolina**  
Board of Pharmacy

Dispensing Optometrist Application

Home Applications My Profile Help/Instructions Logout

**Warning:** You are currently authenticated via the Board Information Regulatory Database.

Application Start	✓
Primary Practice	✓
Other Practices	⌵
Discipline	
Employee Misclassification	
Verification	
Uploads	
Payment	
Confirmation	

### Other Practices


List the name and address of facilities where you will be serving as a dispensing optometrist other than the primary practice site listed in the previous step:

Other Practices

[+ Add Practice](#)

[Previous](#) [Cancel / Exit](#) [Next](#)

Answer all questions concerning criminal and professional disciplinary history.



**North Carolina**  
Board of Pharmacy

Dispensing Optometrist Application

Home Applications My Profile Help/Instructions Logout

**Warning:** You are currently authenticated via the Board Information Regulatory Database.

Application Start	✓
Primary Practice	✓
Other Practices	✓
<b>Discipline</b>	⊕
Employee Misclassification	
Verification	
Uploads	
Payment	
Confirmation	

### Discipline

\* 1. Have you ever been charged with, summoned for, arrested for, taken into custody for, indicted for, or tried for a violation of any law or ordinance or the commission of any felony or misdemeanor?  Yes  No

Minor traffic violations not involving alcohol or impairing substance use may be excluded from your response. Any violation that has been expunged by court order may be excluded from your response.

\* 2. Have you ever been convicted of, pleaded guilty to, or pleaded no contest to the violation of any law or ordinance or the commission of any felony or misdemeanor?  Yes  No

Minor traffic violations not involving alcohol or impairing substance use may be excluded from your response. Any violation that has been expunged by court order may be excluded from your response.

If your answer to either or both questions 1 and 2 is "yes", upload a statement describing the nature of the matter(s), the facts surrounding the matter(s), and the disposition of the matter(s). Also upload court documents sufficient to show the nature of the charges and their disposition.

\* 3. Have you ever surrendered a license to practice optometry?  Yes  No

If your answer is "yes", upload a statement describing the circumstances of the surrender, including any documents submitted to or received from the licensing authority concerning the surrender.

\* 4. Has your optometry license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by a board of optometry or other state authority?  Yes  No

If your answer is "yes", upload a statement describing the circumstances of the action, including any documents submitted to or received from the licensing authority concerning the action.

\* 5. Have you ever been investigated, disciplined, or submit to discipline, or are you presently under investigation, or is there any disciplinary action pending against you by any licensing or registration jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws?  Yes  No

If your answer is "yes," upload a statement describing the circumstances of the investigation or pending disciplinary action, including any documents submitted to or received from the licensing authority.

Complete the Employee Misclassification certification (required by G.S. § 143-789 for all licenses, permits, or certifications issued by any North Carolina occupational licensing board)



North Carolina  
Board of Pharmacy

Dispensing Optometrist Application

Home Applications My Profile Help/Instructions Logout

**Warning:** You are currently authenticated via the Board Information Regulatory Database.

Application Start	✓
Primary Practice	✓
Other Practices	✓
Discipline	✓
Employee Misclassification	⊕
Verification	
Uploads	
Payment	
Confirmation	

## Employee Misclassification

Public Notice Statement - Required by N. C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section North Carolina Industrial Commission  
1233 Mail Service Center  
Raleigh, NC 27699-1233  
Telephone: (919) 807-2582  
Fax: (919)715-0282  
Email: [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov)

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

\* I certify that I have read and understand the Public Notice Statement regarding Employee Misclassification provided above.  I Agree

\* Noting the definition of Employee Misclassification, have you ever been investigated for employee misclassification?  Yes  No

Previous Cancel / Exit **Next**

Verify all information entered in the application, confirm that all information provided is complete and correct, and confirm understanding that all application fees are non-refundable and non-transferable.

### Terms of Agreement

\* I, **Test Person**, hereby affirm that I have answered the foregoing questions, and that my answers are true and correct. I understand that any false information given by me may subject me to refusal to be licensed, disciplinary action by the North Carolina Board of Pharmacy, and/or any license obtained shall be void and of no effect.

I Agree

### Fee Attestation

\* All fees are due at application submission. Fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE**. The fees for this application are \$75.00. I, **Test Person**, understand that the fees for this application are non-refundable and non-transferable.

I Agree

Previous

Cancel / Exit

Next



**Step 4:** Upload required documents – a dispensing label and verification of your North Carolina license to practice optometry. **\*NOTE\*** Optometrist verification must be a document showing primary source validation of your license to practice optometry from the Optometry Board. We recommend your navigating to the Optometry Board’s “Verify a License” page – <https://www.ncoptometry.org/verify-a-license> – search using your license number, take a screen shot of the search result, and upload the screen shot to this application.

Application Start	✓
Primary Practice	✓
Other Practices	✓
Discipline	✓
Employee Misclassification	✓
Verification	✓
Uploads	⬇
Payment	
Confirmation	

## Uploads

**ATTENTION:** Items below are required to be uploaded before your application can be approved. You may submit this application without all items uploaded. You may return to the Gateway and upload any additional items later. Your application will not be reviewed until all necessary items have been uploaded. The max file size allowed is 8MB.

### Verify Dispensing Label

Information that should be included on Dispensing Optometrist Label

- Name and address of the dispensing location
- Serial number of the prescription
- Date of the prescription
- Name of the prescriber
- Name of the patient
- Name and strength of the drug
- The generic name of the drug, even if the generic drug is unavailable to dispense or even if the substitution of a generic drug is not authorized.
- Directions for use
- Appropriate cautionary statements
- "Filled by" or "Dispensed by" with the name of the dispensing Optometrist. The name must include either the first initial and the full last name of the dispensing optometrist or his/her initials.
- If the prescription is dispensed in a container other than the manufacturer's original container, a discard date, which shall be the earlier of one year from the date dispensed or the manufacturer's expiration date.
- If the prescription is dispensed in the manufacturer's original container, then the label must not obscure the expiration date and storage statement.

Drop files here or click to upload.

### Optometrist Verification

Optometrist License Verification

Drop files here or click to upload.

Previous

Cancel / Exit

Next

**Step 5:** Make the payment (\$75). The Board accepts credit card payments only – Visa, Mastercard, and American Express, or Discover.

**Step 6:** Please allow 7-10 business days for Board staff to review your application. Please monitor the email account that you included in your profile. If Board staff requires additional information concerning your application, an email will be sent to that address.

**Step 7:** Once your application has been approved, you may print out a copy of your registration certificate by logging in to your profile on the Board’s Licensure Gateway – <https://portal.ncbop.org> Scroll to the bottom of the page, under Licenses and Registrations, click on your Dispensing Optometrist tile:



Test Person ▼

Donate to Stan Haywood Recovery Fund

Employment ▼

NOTE: All employment changes must be submitted within 30 days of the change. *Pharmacy manager changes must be completed by logging into Facility Management.*

+ Add Employment

⌚ Set as Unemployed

👤 Set as Retired

Licenses & Registrations ▼



Dispensing Optometrist

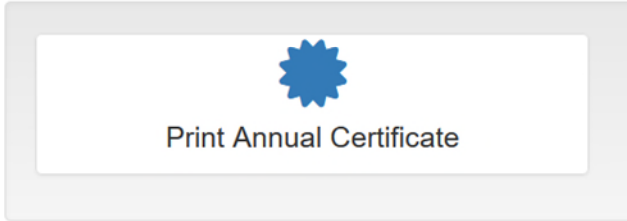
License #: 00008

Status: Active

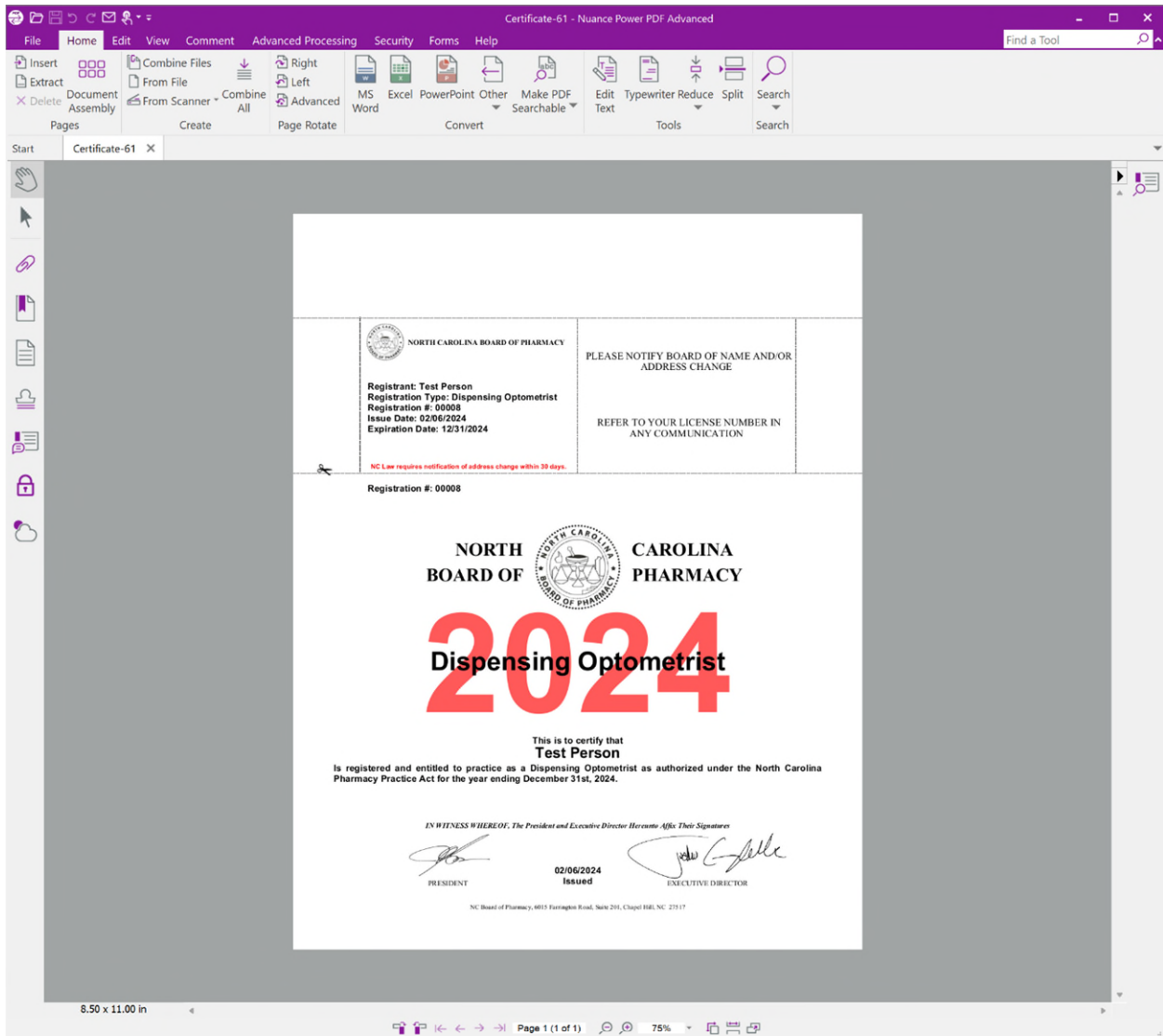
Expiration: 12/31/2024

On the next screen, under License Options, click on the tile entitled, “Print Annual Certificate”:


## License Options ▼



Once clicked, your Dispensing Optometrist certificate will open as a PDF file that is available to print:



The screenshot shows a PDF viewer window titled "Certificate-61 - Nuance Power PDF Advanced". The interface includes a menu bar (File, Home, Edit, View, Comment, Advanced Processing, Security, Forms, Help) and a toolbar with various tools like Insert, Extract, Document Assembly, Pages, Create, Page Rotate, Convert, Edit Text, Typewriter, Reduce, Split, and Search. The main content area displays a certificate with the following details:


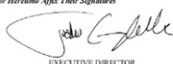
 NORTH CAROLINA BOARD OF PHARMACY Registrant: Test Person Registration Type: Dispensing Optometrist Registration #: 00008 Issue Date: 02/06/2024 Expiration Date: 12/31/2024 <small>NC Law requires notification of address change within 30 days.</small>	PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE  REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION
--	--

Registration #: 00008

**NORTH CAROLINA BOARD OF PHARMACY**  
**2024**  
**Dispensing Optometrist**

This is to certify that  
**Test Person**  
is registered and entitled to practice as a Dispensing Optometrist as authorized under the North Carolina Pharmacy Practice Act for the year ending December 31st, 2024.

*IN WITNESS WHEREOF, The President and Executive Director Hereunto Affix Their Signatures*

 PRESIDENT      02/06/2024 Issued       EXECUTIVE DIRECTOR

NC Board of Pharmacy, 4015 Farrington Road, Suite 201, Chapel Hill, NC 27517

8.50 x 11.00 in | Page 1 (1 of 1) | 75%