MEDICAL SPECIALIST CREDENTIALING CERTIFICATION

Mail or email to:

TRANSPORTATION CABINET
DIVISION OF DRIVER LICENSING
200 MERO STREET
FRANKFORT, KY 40601-1920
kytc.ddlvisionspec@ky.gov
(502) 564-1257

KRS 186.577 requires the Kentucky Transportation Cabinet to establish a credentialing process for osteopaths and physicians ***who are not ophthalmologists or optometrists*** and advanced practice registered nurses to conduct driver licensing vision examinations for an initial operator's license or an initial instruction permit, renewal, or reinstatement. A licensed osteopath or physician who is not a vision specialist or an advanced practice registered nurse shall become credentialed by the Department of Vehicle Regulation before performing the initial vision testing required under KRS 186.577 and 601 KAR 12:120. To apply for credentialing the medical professional shall complete and submit this form to the department.

SECTION 1: MEDICAL PROFESSIONAL CERTIFICATION APPLICANT INFORMATION (*Please print or type.*)

NAME	LAST	FIRST	MIDDLE

☐ OSTEOPATH	☐ PHYSICIAN	☐ ADVANCED PRACTICE REGISTERED NURSE	LIC. NO.

ADDRESS	CITY	STATE	ZIP

PHONE	EMAIL

☐ I am an osteopath or physician ***who is not an ophthalmologist or optometrist*** or an advanced practice registered nurse applying to be credentialed by the Division of Driver Licensing to perform driver vision testing under KRS 186.577 and 601 KAR 12:120.

☐ I hereby certify that I will complete driver vision testing in accordance with KRS 186.577 and 601 KAR 12:120.

☐ I hereby certify that I will clearly indicate to each applicant before driver vision testing that the vision testing offered by me pursuant to this credential is a screening for minimum vision standards established under KRS 186.577 and 601 KAR 12:120 only and is not a complete eye examination.

☐ I hereby certify that if persons meet the visual acuity standard and visual field standard established by KRS 186.577 and 601 KAR 12:120 with the use of corrective lenses, the driving privileges of the person shall be restricted to mandate the use of corrective lenses.

☐ I hereby certify that if an applicant DOES NOT meet the visual acuity standard and visual field standard established by KRS 186.577 and 601 KAR 12:120, that I shall:

a) Mail or email a completed form TC 94-202 DRIVER VISION TESTING CERTIFICATION to the Division of Driver Licensing above, and

b) Refer the applicant to a Vision Specialist for further examination.

☐ By signing below, I certify that the information in Section1 above is accurate.

SIGNATURE	DATE

SECTION 2: KYTC MEDICAL PROFESSIONAL CREDENTIALING

DATE RECEIVED	DATE APPROVED	DATE DENIED

REASON FOR DENIAL

KYTC MEDICAL PROFESSIONAL CREDENTIAL NO.

REVIEWER FIRST NAME	REVIEWER LAST NAME

APPROVER SIGNATURE	DATE