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BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(MS 1980 Section 214.07)

BOARD:		OPT	OMETRY			-tona
LOCATION:		717	Delaware S	Street S. E.		
* (International constants of the Constant of the Constants of the Constant of the Constan		Min	neapolis, M	N 55440		
STATUTORY AUTHO	RITY:	148	.52 - 148.6	62 ·		<u>.</u>
REPORT PERIOD:	July 1,	1980	To: _	June 30,	1982	
SUBMITTED BY: _	Leo A. Meyer	c, O. D.,	Executive	Secretary	Sept. 17,	1982
	Name		Title		Date	

Copies of this report shall be delivered to: (A) the Legislature in accordance with Section 3.195 (1 copy to the Secretary of the Senate, 1 copy to the Chief Clerk of the House of Representatives and 10 copies to the Legislative Reference Library); (B) the Governor; and (C) Commissioner of Administration. Each health-related board shall also deliver a copy of their report to the Board of Health.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 81 and FY 82 and include any changes (additions/deletions) in activities between those years.

The Board of Optometry serves the public need for quality vision care by enforcement of state statutes and rules and regulations relating to the optometric profession. To annually examine 50 applicants as to fitness and qualifications; to monitor continuing education requirements; to reevaluate current rules and regulations and determine the need for changes or additional rules and regulation; to investigate the 20 to 30 written complaints received each year.

IRY

BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 81 6 FY 82 7 FY 81 AND 82 13

PROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

	MEETING :	HOURS OTHER ACTIVITIES		OTHER ACTIVITIES		HOURS							
OARD MEMBER'S NAME	TYPE	FY 81	FY 82	FY 81 & 82	TYPE	FY 81	FY 82	FY 81 &8					
Dr. J. Burke	Regular	24		24	National Meetings								
East Grand Forks Professional Member	Examinations	16		16	Miscellaneous	60		60					
Dr. John R. Kennedy	Regular	20	16	36	National Meetings	32	32	64					
Roseville Professional Member	Examinations ?	16	16	32	Miscellaneous	60	60	120					
Dr. Roger Truax	Regular	24	24	48	National Meetings	16	16	32					
Albert Lea Professional Member	Examinations	16	16	32	Miscellaneous	60	60	120					
Dr. Irvine Dubow	Regular	24	24	48	National Meetings								
Little Falls Professional Member	Examinations	16	16	32	Miscellaneous	60	60	120					
Mrs Jean Lemberg	Regular	20	28	32	National Meetings	16	32	48					
Arden Hills Public Member	Examinations	16	16	32	Miscellaneous								
Dr. John Hier	Regular	24	28	52	National Meetings								
Plymouth Professional Member	Examinations	16	16	32	Miscellaneous	60	60	120					
Mr. Raymond Graybar	Regular		24	24	National Meetings		20	20					
St. Paul Public Member	Examinations		16	16	Miscellaneous								
Dr. L. James Rockovitz	Regular		20	20	National Meetings								
Mankato Professional Member	Examinations		16	16	Miscellaneous		60	60					

OPTOMETRY BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 81 6 FY 82 7 FY 81 AND 82 13

Approximate total number of hours spent by Board members in meetings and on other Board activities.

	MEETING	1	Hours		OTHER ACTIVITIES			IIO	URS		
OARD MEMBER'S NAME	TYPE	FY 81	FY 82	FY 8, & 82	TYPE	FY	81	FY	82	FY	8) [8]
Dr. Harry C. Smith	Regular		8	8	National Meetings			_			
Hopkins Professional Member	Examinations		-	-	Miscellaneous						
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Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

Total State Appropriations

Total Non-Dedicated Fee Receipts

Total Disbursements

FY 81	FY 82	FY's 81 - 82
35,600	40,200	75,800
42,121	44,612	86,733
35,681	32,736	68,417

COMMENTS (Optional)

In accordance with \$214.06 the total fees collected will as closely as possible equal anticipated expenditures during the fiscal biennium.

General tax revenue is not used for operation of the Board of Optometry.

OPTO	

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 81 AND FY 82

FOR EASY REFERENCE PLEASE GIVE:

- (A) Number of Board members required by statute: 7
- (B) The statutory length of term: Four years.

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Dr. J. Burke East Grand Forks	Optometrist	1-71/1-74; 1-74/1-77; 5-77/1-81.
Dr. John R. Kennedy Roseville	*1	1-72/1-75; 1-75/1-78; 3-78/1-
Dr. Roger Truax Albert Lea	17	6-79/1-83.
Dr. Irvine Dubow Little Falls	11	6-79/1-83.
Dr. John Hier Minneapolis	11	5-80/1-84
Dr. L. James Rockovi Mankato	tz "	6-81/1-85.
Dr. Harry Smith Hopkins	11	4-82/1-86.
Mrs Jean Lemberg Arden Hills	Housewife	7-79/1-81; 6-81/1-85.
Mr. Raymond Graybar St. Paul	Employment Agency	6-81/1-85.
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Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED

DURING FY 81 AND/OR FY 32

		C		STATUS				
lame	JOB CLASSIFICATION/TITLE & CLASS	CLASS CODE	FT	PT	Dates o Service			
Leo A. Meyer, O. D.	Executive Secretary	LNCI.		x	11-69/Pres			
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Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING
THIS REPORTING PERIOD, FY 81 AND FY 82. GIVE APPROPRIATE
CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR
THOSE ADOPTED.

--NINE--

Clause g: LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE

AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1982

(IN THE YEAR OF THE REPORT)

593 46
1

Clause h ADMINISTRATION OF EXAMINATIONS BY BOARD

Examination:

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES
Dept. of Health Bldg.	Optometry	July 17-18, 80
Dept. of Health Bldg.	11	July 30-31, 81
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Page 9		i

Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

TYPE OF LICENSE/REGISTRAT	TION
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Optometric License

	•																										
				F	Y	81				FY 82									FY 81 AND FY 82								
AGE ROUP	EX	١١M٨	VED	LIC	/RE	GIS	LIC	NO C/RE	GIS	EX	ΛMI	NED	LIC	C/RI	EGIS	LIC	NO TRE	T EGIS	EX	(AM)	INED	LIC	/RE	GIS	LI	NO C/R	T EGIS
	M	F	T	M	17	T	M	F	T	M	F	T	М	F	T	M	F	T	M	F	T	M	F	T	М	F	T
Under 18																											
8 - 25	3	1	4	3	1	4	1	ı	-	-	1	1	-	1	1	-	-	-	3	2	5	3	2	5	-	-	-
6-34	10	-	10	10	_	10	-	•	1.1	11	-	11	9	-	9	2	-	2	21	-	21	19	-	19	2	-	2
5 -59																											
)- 65																											
AGY. 8 %																											
otal	13	1	14	13	1	14	-		-	11	1	12	9	1	10	2	-	2	24	2	26	22	2	24	2	-	2

Calculate % of Male and % of Female to the Total of Each Category

of Total 99 1 100 99 1 100 100 91 9 100 90 10 100 100 - 100 92	8 100 91 9 100 100 - 100
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Clauses 1, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION

Optometric License

F	NED T	FY LIC/ M	-	B1 GIS T	LIC	NO C/RE F	GIS T		AMI	NED	11	FY	8.2	1	NO	T	Į		FY	ĬŤ			1	NO	
F	T		_	T			TT			NLU		C/RI	EGIS	LIC	C/RI		EX	(AM	INED	LIC	C/RE	EGIS		C/R	ĒGIS
3								М	F	T	M	F	T	М	F	TT	M	F	T	М	F	T	M	F	T
3																									
	15	12	3	15	_		-	13	3	16	12	3	15	<u>-</u> _	<u> -</u>	<u>-</u> ,	25	6	31	24	6	30			
5	22	17	5	22	1	-	1	30	8	38	28	7	35	2	1	3	47	13	60	45	12	57	3	1	4
<u> </u>	1		-		1_	_	1	6	_	6	5	_	5	1	-	1	7	-	7	5	<u> </u>	5	2		2
			-																					•	
8	38	29	8	37	2	-	2	49	11	60	45	10	55	3	1	4	79	19	98	74	18	92	5	1	6
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16	100	78	22	100	100		100	81	19	100	81	19	100	75	25	100	80	20	100	88	12	100	83	17	100
		PĻ	EAS	SE L	IST 1	THE	TOT	ALN	IUM E	SER C	OF N	ON-	RESI	DEN	TS B	Y ST	ATE						I		
	IN	2]	МГ	2		OH	1		SD	6														
	KY	2		NB	2		OK	1		WA	2														
	MA	1	1	ND	9		OR	1		WI	21														
A	МІ	20		MX	3		PA	1		HODO	KON	G	1												
	8	5 22 - 1 8 38 16 100 IN KY MA	5 22 17 - 1 8 38 29 Calc 16 100 78 PL IN 2 KY 2 MA 1	5 22 17 5 - 1 -	5 22 17 5 22 - 1 8 38 29 8 37 Calculate 16 100 78 22 100 PLEASE L IN 2 MT KY 2 MT KY 2 NB MA 1 ND MI 20 NY	5 22 17 5 22 1 - 1 1 8 38 29 8 37 2 Calculate % of 16 100 78 22 100 100 PLEASE LIST IN 2 MT 2 KY 2 NB 2 MA 1 ND 9	5 22 17 5 22 1 1 1 1 8 38 29 8 37 2 - Calculate % of Ma 16 100 78 22 100 100 - PLEASE LIST THE IN 2 MT 2 KY 2 NB 2 MA 1 ND 9 MI 20 NY 3	5 22 17 5 22 1 -	5 22 17 5 22 1 - 1 30 - 1 1 1 - 1 6 8 38 29 8 37 2 - 2 49 Calculate % of Male and % 16 100 78 22 100 100 - 100 81 PLEASE LIST THE TOTAL N IN 2 MT 2 OK 1 KY 2 NB 2 OK 1 MA 1 ND 9 OR 1 MI 20 NY 3 PA 1	5 22 17 5 22 1 - 1 30 8 - 1 1 1 - 1 6 8 38 29 8 37 2 - 2 49 11 Calculate % of Male and % of B 16 100 78 22 100 100 - 100 81 19 PLEASE LIST THE TOTAL NUMB IN 2 MT 2 OH 1 KY 2 NB 2 OK 1 MA 1 ND 9 OR 1 MI 20 NY 3 PA 1	5 22 17 5 22 1 - 1 30 8 38 - 1 1 1 6 6 6 6 6 6 6 6	5 22 17 5 22 1 - 1 30 8 38 28 - 1 1 1 6 - 6 5 8 38 29 8 37 2 - 2 49 11 60 45 Calculate % of Male and % of Female to 16 100 78 22 100 100 - 100 81 19 100 81 PLEASE LIST THE TOTAL NUMBER OF N IN 2 MT 2 OH 1 SD 6 KY 2 NB 2 OK 1 WA 2 MA 1 ND 9 OR 1 WI 21 MI 20 NY 3 PA 1 HOW KON	5 22 17 5 22 1 - 1 30 8 38 28 7 - 1 - 1 - 1 6 - 6 5 - - 1 30 8 38 28 7 - 1 30 8 38 28 7 - 1 30 8 38 28 7 - 1 6 - 6 5 - - 1 1 6 - 6 5 - - 1 1 6 - 6 5 - - 1 1 6 - 6 5 - - 1 1 6 - 6 5 - - 2 49 11 60 45 10 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 10 6 11 6 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 10 6 11 6 1 1 6 - 6 5 - 1 1 6 - 6 5 - 1 1 6 - 10 6 11 6 1 1 6 1 6 - 6 1 1 6 1 6 6 1 1 6 1 6 6 1 1 6 1 6 6 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 - 1 - - 1 - 1 6 - 6 5 - 5 1	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 - 1 - 1 6 - 6 5 - 5 1 - 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 Calculate % of Male and % of Female to the Total of Each of the Secondary of the Seco	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 - 1 1 1 - 1 6 - 6 5 - 5 1 - 1 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 Calculate % of Male and % of Female to the Total of Each C 16 100 78 22 100 100 - 100 81 19 100 81 19 100 75 25 100 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY ST IN 2 MT 2 OH 1 SD 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 100 75 25 100 80 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OH 1 SD 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 - 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 100 75 25 100 80 20 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OH 1 SD 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 60 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 - 7 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 98 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 100 75 25 100 80 20 100 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OH 1 SD 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 60 45 - 1 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 - 7 5 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 98 74 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 14 00 75 25 100 80 20 100 88 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OK 1 WA 2	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 60 45 12 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 - 7 5 - 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 98 74 18 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 100 75 25 100 80 20 100 88 12 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OH 1 SD 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 60 45 12 57 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 - 7 5 - 5 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 98 74 18 92 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 00 75 25 100 80 20 100 88 12 100 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OH 1 SD 6	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 60 45 12 57 3 - 1 - 1 1 - 1 6 - 6 5 - 5 1 - 1 7 - 7 5 - 5 2 2 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 98 74 18 92 5 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 100 81 19 100 82 100 80 20 100 88 12 100 83 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OK 1 WA 2	5 22 17 5 22 1 - 1 30 8 38 28 7 35 2 1 3 47 13 60 45 12 57 3 1 - 1 - 1 - 1 - 1 6 - 6 5 - 5 1 - 1 7 - 7 5 - 5 2 - 8 38 29 8 37 2 - 2 49 11 60 45 10 55 3 1 4 79 19 98 74 18 92 5 1 Calculate % of Male and % of Female to the Total of Each Category 16 100 78 22 100 100 - 100 81 19 100 81 19 100 81 19 100 88 12 100 88 12 100 83 17 PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE IN 2 MT 2 OK 1 WA 2 MA 1 ND 9 OR 1 WT 21

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43.4	ACCOUNTS TO
PICE	M INY

BOARD

Clar	ise 1:	TH	E NUMBER	OF	PERSONS	NOT	TAKIN	G EXAMI	NATIONS	WHO	WERE	LICENSED	OR REG	ISTERED	BY	
												WITH THE				
		THI	LICENS	ING	OR REGIS	STRAT	ION O	R DENIA	L THEREC	F,						
7 A 11VV	MUNDED	○ ₹	DEDGONG	NECO	n m4167316	T777 4 3 4	G 4370	an wan					FY 8	1 FY 8	2 F	Y 81 & 8:
UINL	MUMBER	Ur	PERSONS	NO	TAKING	EXAM	S AND	GRANTE) LICENS	ES O	R REC	GISTRATION	·			
OTAL	NUMBER	OF	PERSONS	NOT	TAKING	EXAM	S AND	DENIED	LICENSE	S OR	REGI	STRATION				

FOR EACH PERSON GIVE:

		Υ		···			,	 		i .	, 		
of lic./Regis.;	State of		A	GE GF	ROUP			SE	X	* Method of Lic./Regis.			** Reasons for Granting or Denial
	Res.	0-18	18-25	26-34	35-59	60-6	5 66-	М	F		Grant	Deny	
			NO	APPLI	CABLE								
			ALI	. APPLI	CANTS 1	UST T	AKE SON	E FOR	1 OF	EXAMINATION			
										! 			

IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc. REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

 $\frac{1}{1}$ of $\frac{1}{1}$ pages for Clause 1

Clause m:

PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED OR OTHERWISE 'LTERED IN STATUS WITH BRIEF STATEMENTS OF THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

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FY 81	FY 82	FY's 81 8 82
5	11	16
5	7	12
13	26	39

TYPE OF LICENSE OR REGISTRATION	STAT	TYPE OF US CHANGE		REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
(By case)	Revoked	Suspended	Other (Specify)	
OPTOMETRY	16			Failure to submit renewal fee Subsequent to hearing officers report
11		13		Failure to comply with continued ducation requirement & subsequence to hearing officers report
11			39	Deceased and those who request to drop license.
-				
			-	
			-	

Clause n: List the number of complaints and other communications received by the Executive Secretary, each Board Member, employee or other person performing services for the Board

THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE.

In FY 81 2 Written

No. Oral

No. Oral

IN FY 82 0 Oral

No. Oral

WHICH ARE FORWARDED TO OTHER AGENCIES AS REQUIRED BY M.S. 214.10.

Please indicate the number of complaints referred to <u>each</u> other governmental agencies in each fiscal year. (Federal, State, and Local).

FY-81 Board of Medical Examiners - 1. FY-82 U. S. Food & Drug Administration - 1. Clause o:

SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1980 and complaints and communications received but not disposed of as of June 30, 1982 should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)

- 6 Contact lens complaints
- 4 Claimed defective lenses
- 1 Claimed front for glasses not as ordered
- 2 Claimed amount charged was exhorbitant.
- 6 Involved request for release of records
- 1 Charged collusion on referral.

SUMMARY OF RESPONSES AND
DISPOSITIONS
(Give number in each category)

- 27 Failed to return complaint forms.
- 22 No Violation of statute
 - 4 No Jurisdiction
- 1 Referred to Medical Board
- 1 Referred to Food & Drug Administration
- 1 Filed a non-complaint.

Clause p: STATE ANY THER OBJECTIVE INFORMATION WHICH THE BOARD MEMBERS BELIEVE WILL BE USEFUL IN REVIEWING BOARD ACTIVITIES:

(For Example: In what other states do your licensees hold licenses?

Number of Minnesota licenses verified/certified to other states? Number of inspections? Comparisons with past Biennial Reports?)

subject: Annual comparison report of licensees & corporations as of 12/31/81.

Total licensed Licensees living in State Licensees living out of State Professional Corporations registered	1980 591 411 140 43	1981 620 436 184 47
Licensees suspended for C. E. non compliance Of the above those that have since complied Licensees request to drop license Deceased during calender year Reinstated licensees Revoked for failure to renew	5 1 12 1 1 5	7 2 23 3 0
Applicants for licensure	56	76
Failed to show for examination	4	Ļ
Passed examination	48	65
Declined registration	2 .	0
Faila examination	3	6
Applicants held for passage of Part IIb of NBEC) 3	1
Passed retake of Part IIb of NBEO	1	1