



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND BOARD of EXAMINERS in OPTOMETRY
Active Practice Affidavit

The Code of Maryland Regulations (COMAR) 10.28.08.01, Partial Waiver of Examination, defines that active practice means practicing optometry for at least 500 hours within 3 consecutive years.

I attest that _____, a licensed optometrist in state of _____

has engaged in active practice in this state from _____ to _____.
month/date/year month/date/year

Signature of Authorized Official

Date

Name and Title of Authorized Official (please print or type)

Company Name

Telephone Number

Notary Public Documentation

AFFIDAVIT
STATE OF
COUNTY OF

Before the undersigned, a Notary Public for the County and State aforesaid, on the _____ day of _____ personally appeared _____ who being first duty sworn, says that he/she is the person who signed the foregoing active practice affidavit; that the facts and statements therein contained are true to the best of his/her knowledge and belief.

Notary Public

My commission expires _____

