

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

## MARYLAND BOARD OR EXAMINERS IN OPTOMETRY REQUEST FOR VERIFICATION OF LICENSE

- 1. Download and save a copy of the form
- 2. Complete all required fields
- 3. Save a copy of the completed form to be emailed to the Board
- 4. To pay online fee of \$25.00 (Payment Link=> PAY LICENSING VERIFICATION FEE) The fee is nonrefundable.
- 5. After payment, print a digital copy of the confirmation receipt. Tip: Right -Click/Print as a PDF.
- 6. Email a copy of the completed form and confirmation receipt to mdh.optometry@maryland.gov. In the subject line include "License Verification"
- 7. Requests will not be processed without completed form and a copy of confirmation receipt.

## PLEASE CHECK THE APPROPRIATE LICENSE TYPE

	<b>TPA</b>	_ DPA_	LICENSE ONLY	_
Date of Request: _				
License/Certificate	Holder Name	e:		
License/Certificati	on Holder Nu	mber:		
Name of Requestin	g Entity/Boar	rd:		
Entity/Board Ema	il address:			
Entity/Board Mail:	ing Address:			