REQUIREMENTS FOR ORIGINAL OPTOMETRY LICENSE

- Applicants must have obtained their 18th birthday.
- Applicants must be of good moral character.
- The academic requirements must be at least six calendar years at the college level, four years of which shall have been completed at an accredited college of optometry or university school of optometry.
- All final transcripts from pre professional and professional schools must become part of the application file. Transcripts will be considered valid only when received from schools with an official seal thereon.
- A copy of your diploma must be sent and therefore must become a part of your file.
- Contact the NBEO office at 800-969-EXAM (3926), directly for information on application and deadlines for the NBEO examinations. **Maryland requires passage of: Part I, (Applied Basic Science); Part II, (Patient Assessment and Management); TMOD, (Treatment and Management of Ocular Disease); and Part III, (Clinical Skills Exam),** for licensure. The Maryland Board accepts the NBEO Passing Score on these examinations.
- A recent passport size photograph must accompany the application.
- The application fee is $300.00 and is nonrefundable.
- A letter of recommendation from each person listed on the application must accompany this paperwork.
- **Verification of License.** If you are now or have ever been licensed in any state, verification must be completed by the licensure board in each state. The verification documentation must come directly to the Board from the State’s Board where you were licensed to practice. If you need additional verification forms, you may copy the blank form and send it directly the other states providing verification of your licensure.
- Maryland requires passage of an examination on Maryland Optometry Law. This is an open book examination that requires a passing score of 75.
**ORIGINAL LICENSE APPLICATION**

**Applicant Information**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle:</th>
</tr>
</thead>
</table>

Current address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home number:</th>
<th>Mobile number:</th>
</tr>
</thead>
</table>

Email address:

SSN: Date of birth: OE Tracker #:

<table>
<thead>
<tr>
<th><strong>/</strong><strong><strong>/</strong></strong></th>
</tr>
</thead>
</table>

Male ______________ Female ______________

**Veteran and Spousal Preference**

1. Are you an active duty service member or the spouse of an active duty service member? Yes ________ No ________

2. Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes __________ No __________

**Race/Ethnic Identification- Please check all that apply**

Are you of Hispanic or Latin origin Yes __________ No __________

Select one or more of the following racial categories:

- American Indian/Alaskan Native __________
- Asian __________
- Black or African American __________
- Native Hawaiian or other Pacific Islander __________
- White __________
- Other __________
# Education

Name and Address of undergraduate college(s)/University attended and total credits and degree.

<table>
<thead>
<tr>
<th>Name of College or University</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Graduation:</th>
<th>Type of Degree:</th>
<th>Total # of Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of College or University:

Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Graduation:</th>
<th>Type of Degree:</th>
<th>Total # of Credits:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## School of Optometry

Name of School of Optometry:

Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Graduation:</th>
<th>Degree:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## References

As to character and reputation, I refer you to the following three named persons, (all non-relatives), who have known me over two (2) years. A letter from each of these people must be sent directly to the Board Office.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Answer all Questions**

1. Have you ever been refused examination by a State Board?  
   Yes_______ No _________

2. Have you previously taken the Maryland Board of Licensure Examination?  
   Yes ________ No ________  
   If yes, date taken __________________________  
   Year ______________

3. Have you ever failed an examination before a Board or have you ever been refused a license?  
   Yes ________ No ________  
   If yes, provide details.

4. Has your license to practice in any state ever been revoked or suspended?  
   Yes ________ No ________  
   If yes, provide details.

5. I have been licensed to practice optometry in other State(s)?  
   Yes ________ No ________  
   State ______________________________  
   License Number _________________________  
   State ______________________________  
   License Number _________________________

6. If you have practiced in another state, list locations and years of practice  
   State ______________________________  
   # of Years_______________________________

7. Have you ever pled guilty, nolo contendere, or been convicted or received probation before judgment of any criminal act (excluding traffic violations)?  
   Yes ________ No ________  
   If yes, please explain and submit all legal documentation.

8. Are you addicted to the use of narcotics or intoxicants?  
   Yes ________ No ________

9. Maryland requires passage of the NBEO Examination, Part I, Basic Science; Part II, Clinical Science; Part III, Patient Care and TMOD Treatment and Management of Ocular Disease; for licensure. An official copy of your scores must be forwarded to the Board Office.  
   Examination Date  
   Part I ____________________  
   Part II ____________________  
   Part III ____________________  
   TMOD ____________________

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

APPLICANT’S SIGNATURE _____________________________________________   DATE_____/______/____

Mail completed application and $300.00 fee, payable to:
The Maryland Board of Optometry
4201 Patterson Avenue, Room 307
Baltimore, MD 21215-2299

NOTARY DOCUMENTATION

State of __________________________________ County of __________________________

Sworn before me this _______________ day of _____________________, 20 _________

Notary Public Signature _______________________________________________________

Expiration Date ___________/____________/__________________

For Office Use Only

Date App. Rec’d_____/_____/_____ Check # __________ Check Date _____/____/____ Check Amount $_____
Date Application Approved ____/____/____ License# ______ Upgrade Date: TPA: ______ DPA: ______
Reinstate Date: ______/____/____ Undergraduate Transcript (s)____________________ Optometry School Transcript________________
Photo: _____ Law Exam Score: ________ Photocopy of Diploma: __________ Licensure Affidavit (s): __________
NBEO Scores: Part I ______ Part 2 ______ Part 3 __________ TMOD ________ Copy of Current License(s): __________
CPR: ______ Certification Application: DPA ______ TPA ______ 3 Letters of Recommendations __________
Optometric Jurisprudence Examination

Candidate Name: __________________________

Date: __________________________
Complete the answers to the following questions.

1. Identify the components of a minimum optometric examination as required by the Maryland Optometry Statute.

2. Identify the four areas of the patient's history which the Board's regulation states and the optometrist should review in the patient record.

3. Give seven reasons for disciplinary action against an optometrist's license.

4. Identify 3 types of courses or continuing education the Board may approve according to its regulation.
5. Give two types of statements, which the Board's advertising regulation states that an optometrist's advertising may not contain.

6. The Board's regulation states that an optometrist should ensure that the patient knows the identity of the optometrist providing the care for the patient. Give three ways an optometrist must identify himself.

7. Optometrists in Maryland who are certified by the Board may administer diagnostic and/or therapeutic agents, depending on their certification. From the list below please circle the agents a DPA optometrist can use and the agents a TPA optometrist can prescribe.

<table>
<thead>
<tr>
<th>DPA: circle all that apply</th>
<th>TPA: circle all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homatropine</td>
<td>Homatropine</td>
</tr>
<tr>
<td>Tropicamide</td>
<td>Atropine</td>
</tr>
<tr>
<td>Zymar</td>
<td>Vigamox</td>
</tr>
<tr>
<td>Fluress</td>
<td>Viroptic</td>
</tr>
<tr>
<td>Tetracaine</td>
<td>Pred Forte</td>
</tr>
<tr>
<td>Rose Bengal</td>
<td>Nevanac</td>
</tr>
<tr>
<td>Patanol</td>
<td>Xalatan</td>
</tr>
</tbody>
</table>
CIRCLE THE CORRECT ANSWERS TO THE FOLLOWING QUESTIONS:

8. Which of the following oral medications are currently authorized to be prescribed by TPA optometrists in Maryland?
   
   a. Augmentin  
   b. Levaquin  
   c. Darvocet  
   d. Doxycycline

9. Which of the following is incorrect?
   
   a. John Smith, O.D.  
   b. Dr. John Smith: Optometrist  
   c. Dr. John Smith: Eye Specialist

10. Active practice means practices optometry for at least 500 hours within 3 consecutive years?
     
     a. True  
     b. False

11. Which of the following is not correct regarding the renewal of licenses?
     
     a. A license may be renewed for a term longer than 2 years.  
     b. At least 1 month before a license expires, the Board shall send a renewal notice to the licensee, by first class mail to the last known address.  
     c. A licensee may renew a license if the licensee pays a renewal fee, submits a renewal application and documents satisfactory evidence of compliance with the continuing education requirements.  
     d. If an optometrist does not renew a license before its expiration date, the Board will send a notice stating that the license will expire 30 days after the notice is sent unless the optometrist applies for renewal within the grace period.

12. How many people are on the Maryland State Board of Examiners in Optometry?
    
    a. 5 licensed optometrists  
    b. 5 licensed optometrists and 2 consumer members  
    c. 6 licensed optometrists

13. Board members who are appointed, by the governor, to the Board of Examiners in Optometry must have practiced actively and continuously in Maryland for how many years?
    
    a. 3 years  
    b. 10 years  
    c. 5 years  
    d. 7 years

14. Members of the Board serve a term of how many years?
    
    a. 2 years  
    b. 4 years  
    c. 6 years  
    d. 8 years
15. If the Board finds there are grounds to suspend or revoke a license, the Board has the authority to do which of the following?
   a. Fine the optometrist $5000
   b. Require an ethics course or other related courses
   c. Invoke probation and monitor at the optometrist’s cost
   d. All of the above

16. An optometrist appearing before the Board for a formal hearing has the right to be represented by an attorney?
   a. True
   b. False

17. According to Maryland law, each licensed optometrist is required to display his or her license conspicuously in the optometrist’s office?
   a. True
   b. False

18. Continuing education may not be allowed when a specific product, technique, procedure, or company is promoted or promulgated for the economic benefit of a particular person, company, or group?
   a. True
   b. False

19. A consumer member of the Board may have previously been an optometrist as long as he or she is no longer practicing optometry?
   a. True
   b. False

20. A formal, written, complaint is not required in order for the Board to issue subpoenas in connection with any investigation of charges concerning a violation of the law?
   a. True
   b. False

21. A person who acts in good faith and within the scope of the jurisdiction of the Board is not civilly liable for giving information to the Board or otherwise participating in Board activities?
   a. True
   b. False

22. In connection with any investigation of charges for violation of the law, the Board may request the licensee to submit to an appropriate physical or mental examination by a licensed physician designated by the Board?
   a. True
   b. False

23. An optometry student who is participating in an externship or residency program under the direct supervision of a licensed optometrist must obtain a license from the Board before beginning the externship or residency program?
   a. True
   b. False
24. To become TPA certified, an optometrist must show proof of CPR certification?
   a. True
   b. False

25. An optometrist who is TPA certified must complete 50 credit hours in TPAs every two years to maintain TPA certification?
   a. True
   b. False

26. It is acceptable for a licensee to provide professional services to an individual with whom the licensee previously has engaged in sexual behavior, so long as the previous sexual relationship occurred more than 2 years prior to the optometric examination?
   a. True
   b. False

27. A licensee may engage in sexual relationship with a patient so long as the sexual relationship is consensual?
   a. True
   b. False
QUALIFICATIONS FOR THE USE OF THERAPEUTIC PHARMACEUTICAL AGENTS

If one of these conditions applies, you are eligible for TPA certification.

1. Graduated from an accredited school of optometry **prior to July 1, 2005**

   Has a passing score on the NBEO exam Parts I, II, and III, including a passing score on the TMOD, submit the following documentation:
   
   a. Certificates of completion documenting 110 hours of Board-approved therapeutic continuing education taken within 3 years before applying for certification. The hours include a required 8-hour course in the management of topical steroids approved by the Board. (Maryland Optometric Association (410) 870-9MOA).
   b. Passing score on the TMOD examination.
   c. Proof of current CPR certification.
   d. Proof of DPA Certification – Submit a DPA application.
   e. Official transcript or photocopy of optometry diploma.

2. Graduated from an accredited school of optometry **on or after July 1, 2005, and applies for certification within 3 years of graduation**.

   Has a passing score on the NBEO exam Parts I, II, and III, including a passing score on the TMOD, submit the following documentation:
   
   a. Proof of current CPR certification.
   b. Official transcript or photocopy of optometry diploma.
   c. Passing score of the TMOD examination.

3. Graduated from an accredited school of optometry **on or after July 1, 2005 and applies for certification 3 years or more following graduation**.

   Has a passing score on the NBEO exam Parts I, II, and III, including a passing score on the TMOD, submit the following documentation:
   
   a. Copies of certificates of completion for 110 hours of Board-approved therapeutic continuing education taken within 3 years before applying for certification.
   b. Official transcripts or photocopy of optometry diploma.
   c. Passing score on the TMOD examination.
   d. Proof of current CPR certification.
# Application for the Use of Therapeutic Pharmaceutical Agents

## Applicant Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Number:</th>
<th>Mobile Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optometry School:</th>
<th>Date of Graduation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A TPA Certified Optometrist in Maryland must complete 50 hours of continuing education during the two-year period that the license is active and 30 hours shall be in the use and management of TPAs. A TPA Certified Optometrist shall be certified in CPR and shall verify this certification upon request from the Board.

## Affidavit

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

**APPLICANT'S SIGNATURE _____________________________________________ DATE ____/____/_____**

## Notary Public Documentation

State of __________________________ County of _______________________

Sworn before me this __________ day of ______________________, 20 _______

Notary Public Signature ____________________________________________

My commission expires __________/_________/__________________________

Notary Seal
VERIFICATION OF LICENSURE FORM

INSTRUCTIONS TO APPLICANT:

Please fill out only the top portion of this form and send it to the state board(s) in which you are now licensed or have ever been licensed (Note: Fee may be applicable).

| Last Name _____________________________ First Name ______________________________ | MI __ |
| Address ________________________________ | City _________________ State____ Zip Code____ |

Social Security No _________ - _______ - _______ Date of Birth _________/________/________

I (print) ____________________________________________________________ hereby authorize the

(State) ____________________________________________________________________ Board

to release information regarding my License No __________________ as a (n) ________________

FOR VERIFYING BOARD USE ONLY

Verification of State Licensure

| A. (State Board) ____________________________________________________________________ |
| B. Licensee’s Name as it appears on your records_________________________________________ |
| C. License No and Initial Issue Date ____________________                ________/_______/________ |
| D. License Expiration Date________/_______/________; If license has lapsed, Lapse Date: _____/____/____ |
| E. Licensure By (Please check applicable item and supply information requested): |
|   □ NBEO Exam Part I ________________ Score ________________ |
|   Part II ________________ Score ________________ |
|   Part III ________________ Score ________________ |
|   TMOD ________________ Score ________________ |
Verification of State Licensure Con’t

□ State Exam. Date of Exam: _________/_______/__________ Describe: ____________________

□ Reciprocity or □ Endorsement. From which State or Jurisdiction? ________________________

□ Other. Please explain. ______________________________________________________________

F. Continuing Education
   a. Is mandatory continuing education required for license renewal? □ YES □ NO
   b. If yes, what is the number of hours required annually? ____________________________

G. Licensure Status
   a. What type of optometry license does this optometrist hold in your state
      □ BASIC □ DIAGNOSTIC □ THERAPEUTIC
   b. Is this license current and in good standings? □ YES □ NO Please explain ___________

H. Disciplinary Action
   a. Has your state ever taken any disciplinary action against this licensee’s license? □ YES □ NO
   b. If yes, briefly explain the final action taken, the date executed, and provide a copy of the
      Settlement Agreement, Decision and Order, or Stipulation and Order in the matter.
                                                                                                 
                                                                                                 
      Date: _________/_______/__________

I. List Attachments for Item H ________________________________________________________

   Signature: ____________________________

   Print Name: ____________________________

   Title: _________________________________

   State Board: ____________________________

   Address: _______________________________

   _________________________________

   Phone No. (_______) _______-_________

   Date: _____/_____/_______

State Seal
## ORIGINAL APPLICATION FOR LICENSURE CHECKLIST

Use this checklist as a guide in determining the submission of required documentation.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICATION SIGNED AND NOTARIZED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHECK FOR $300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDER GRADUATE TRANSCRIPTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPTOMETRY TRANSCRIPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECENT PHOTOGRAPH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LETTERS OF RECOMMENDATION (NEED 4 LETTERS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOTOCOPY OF OPTOMETRY DIPLOMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBEO SCORES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PART I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PART II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PART III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSURE AFFIDAVITS FROM EVERY STATE WHERE YOU HAVE BEEN LICENSED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARYLAND LAW EXAM COMPLETED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPA / TPA APPLICATION SIGNED AND NOTARIZED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT CPR CARD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>