



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

Public Information Act (PIA) Form

Under the Public Information Act, the public is granted access or can be denied access to records. When you applied for a license to practice optometry, the application included your official mailing address, (address of record), to be used by the Board. The Board maintains a list of licensees and their public contact information for the purposes of distribution for marketing and commercial sale, such as continuing education activities and job offers. This notice is to inform you that your name and address is on a mailing roster and is available to the public for purchase. Upon receipt of your written request, the Board will remove your name from this list. You can fax your request to the Board at 410-358-2906, or send it via email to dhmh.optometry@maryland.gov.

If you do not return this form, you are giving the board permission to keep your name and mailing address on the roster.

Licensee Opt Out Form

I wish to be removed from Marketing/Commercial Sale Listings

Name _____

Please Print

License Number _____

Contact Number _____

Email Address _____

Signature _____