



Maryland Board of Examiners in Optometry

4201 Patterson Avenue, Room 307

Baltimore, Maryland 21215-2299

(410) 764-4710 FAX (410) 358-2906

www.mdh.maryland.gov/optometry mdh.optometry@maryland.gov

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. NBEO Score Report
- b. OE Tracker Course History - Completion of 110 hours of Board-approved therapeutic education
- c. Official Optometry school/university transcript*
- d. Current CPR certification
- e. Completion of a 10-hour online course in advanced pharmacology with emphasis on the use of oral pharmaceutical agents in treating ocular diseases. Contact the Maryland Optometric Association (MOA) directly to register at www.marylandeyes.org.

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. NBEO Score Report
- b. Official Optometry school/university transcript*
- c. Current CPR certification

Graduates from an accredited school of optometry or an accredited university school of optometry on or after July 1, 2019 are not required to successfully complete a 10-hour course in advanced pharmacology with emphasis on the use of oral pharmaceutical agents in treating ocular diseases.

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. NBEO Score Report
- b. OE Tracker Course History - Completion of 110 hours of Board-approved therapeutic education
- c. Official Optometry school/university transcript*
- d. Current CPR certification
- e. Completion of a 10-hour online course in advanced pharmacology with emphasis on the use of oral pharmaceutical agents in treating ocular diseases. Contact the Maryland Optometric Association (MOA) directly to register at www.marylandeyes.org.

- * Documentation from optometry school/university identifying "pharmacology" courses listed on transcript. *As stipulated in COMAR 10.28.12.02 D. "The Board may consider pharmacology courses that an optometrist successfully completed during a course of study at an accredited school of optometry recognized by the Board when calculating the 110 hours of Board-approved TPA education required. If accepted, then each semester credit will equal 15 hours of TPA education and quarter credit hour will equal 10 hours of TPA education.*



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APPLICATION FOR THE USE OF THERAPEUTIC PHARMACEUTICAL AGENTS

Applicant Information

First Name:	Middle Initial:	Last Name:
Address 1:		
Address 2:		
City:	State:	Zip Code:
Home Number:	Mobile Number:	
Email Address:		
Optometry School:		Date of Graduation:
City:	State:	Zip Code:

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