



## Maryland Board of Examiners in Optometry

4201 Patterson Avenue, Room 307

Baltimore, Maryland 21215-2299

Phone: (410) 764-4710 Fax: (410) 358-2906

Website: [www.health.maryland.gov/optometry](http://www.health.maryland.gov/optometry)

Email: [mdh.optometry@maryland.gov](mailto:mdh.optometry@maryland.gov)

### QUALIFICATIONS FOR THE USE OF THERAPEUTIC PHARMACUTICAL 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.



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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 \_\_\_/\_\_\_/\_\_\_

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

## NOTARY PUBLIC DOCUMENTATION

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

My commission expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_