



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

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