



DEPARTMENT OF HEALTH

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

BOARD OF EXAMINERS IN OPTOMETRY

Roster Request Form

OFFICE USE ONLY
RECEIPT # _____
AMOUNT: \$ _____
DATE: (STAMPED) _____

Download and save a copy of the form

1. Complete all required fields
2. Save a copy of the completed form to be emailed to the Board
3. To pay online fee of **\$65.00** ([Payment Link=> PAY ROSTER FEE](#)) *The fee is nonrefundable.*
4. After payment, print a digital copy of the confirmation receipt.
Tip: Right -Click/Print as a PDF.
5. Email a copy of the completed form and confirmation receipt to mdh.optometry@maryland.gov. In the **subject line** include **“Roster Request”**
6. Request will not be processed without completed form and a copy of confirmation receipt.

Date of Request: _____

Full Name: _____

Email address: _____

Phone Number: _____

Organization/Company _____

Organization Mailing Address: _____

Organization Email Address: _____

Primary Telephone #: _____

1. Standard File Format – Excel
2. Standard Data - Points: Active License Number, First Name, Last Name, Mailing Address, Original License Date, Expiration Date