

MARYLAND BOARD OF EXAMINIERS IN OPTOMETRY
4201 Patterson Avenue
Baltimore, Maryland 21215-2299
(410) 764-4710 Fax (410) 358-2906

APPLICATION TO USE DIAGNOSTIC PHARMACEUTICAL AGENTS

NAME: _____ LICENSE # _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE NUMBER _____ HOME NUMBER _____

SOCIAL SECURITY # _____ DATE OF BIRTH ____/____/____

OPTOMETRY SCHOOL _____

GRADUATION DATE ____/____/____

Enclose official transcript or photocopy of diploma.

Enclose proof of current certification in CPR.

Please review the following conditions. If one of these conditions applies you are eligible for DPA certification. Please submit the appropriate documentation as required and return to the Board office.

- (1) Graduation from an accredited school of optometry within **7 years** before applying for certification in Maryland.
- (2) Certification to use diagnostic pharmaceutical agents in another state which included completion of not less than 70 credit hours in diagnostic pharmaceutical agents if the optometrist:

- a. Submits to the Board proof of certification to use diagnostic pharmaceutical agents in the other state.
 - b. Submits to the Board documentation that the original certification included at least 70 credit hours in diagnostic pharmaceutical agents. This documentation may be from either:
 - (i) The state Board that granted the original certification;
 - (ii) The college, university, association, or other sponsors of the 70 hours in diagnostic pharmaceutical agents.
 - (iii) Any other organization approved by the Board.
- (3) Successful completion of a course in diagnostic pharmaceutical agents of at least 70 credit hours given by an accredited college or faculty approved by the Board within 7 years before applying for certification.

A DPA Certified Optometrist in Maryland must complete 36 hours of continuing education during the two-year renewal period and 6 hours must be in the use and management of DPAs. A DPA Certified Optometrist must be certified in CPR and must verify this certification upon the Board's request.

If you have a Maryland optometry license, please copy the license and return the original license with the application. Keep copy until the new license is received.

SIGNATURE OF APPLICANT _____

DATE: ____/____/____

State of _____ City or Town _____

County _____ This _____ day of _____

Personally appeared the applicant, who in my presence signed this affidavit and made oath to the truth of the statement and all information herein submitted.

NOTARY PUBLIC _____

SEAL