REQUIREMENTS FOR ORIGINAL OPTOMETRY LICENSURE

- Applicants must have attained their 18th birthday.

- The academic requirements are at least six calendar years at the college level, four years of which shall have been completed in an accredited college of optometry or university school of optometry.

- All final transcripts from preprofessional and professional schools must become part of the application file. Transcripts will be considered valid only when received from schools with official seal thereon. A copy of your diploma must become a part of your file.

- Contact the NBEO office 800-969-3926, directly for information on application and deadlines for the NBEO examinations. Maryland requires passage of Parts I, II and III, for licensure. The Maryland Board accepts the NBEO Passing score on these examinations.

- A recent passport size photograph must accompany the application.

- The application fee is $300.00. Application fees are not refundable.

- A letter of recommendation from each person listed on the application.

- Verification of License. If you are now or ever been licensed in any state, verification must be completed by the licensure board in each state. This verification must come directly to the Board from the licensure board office. If you have need of additional verification forms, you may copy the blank form and send it directly to the other states.

- Maryland requires passage of an examination on the Maryland Optometry Law. This is an open book examination with a passing score of 75.
1. Name ________________________________________________________________
   Last      First      Middle

2. Address: ______________________________________________________________
   ______________________________________________________________
   Street

   City       State       Zip

   Home number: _______________________ Mobile number _______________________

3. Email Address _________________________________________________________

4. Social Security #___________

5. Birth Date: __________________________

6. Male ________      Female ________

7. Race/ Ethnic Identification – Please Check all that Apply

   Are you of Hispanic or Latino origin?   Yes ________         No ________
   (Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish
culture or origin regardless of race.)

   Select one or more of the following racial categories:

   _____ American Indian or Alaska Native (A person having origins in any of the original
   peoples of North or South America, including Central America, and who maintains tribal
   affiliations or community attachment.)

   _____ Asian (A person having origin in any of the original peoples of the Far East,
   Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China,
   India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

   _____ Black or African American (A person having origins in any of the black racial
   groups of Africa.)

   _____ Native Hawaiian or other Pacific Islander (A person having origins in the original
   peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

   _____ White (A person having origins in any of the original peoples of Europe, the
   Middle East or North Africa.)
8. Name and address of undergraduate college or colleges attended and total credits and
degree, if obtained, in each:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

9. Name of Optometry College attended ________________________________

10. Date of graduation __________________ Degree ______________________

11. Have you ever been refused examination by a State Board? Yes____No_______

12. Have you previously taken the Maryland Board Licensure Examination?
Yes____No____ If yes, date taken________
Pass _________ fail ___________

13. Have you ever failed an examination before a Board or have you ever been refused a
license? Yes____ No ____ If yes, give details.
_______________________________________________________________________
_______________________________________________________________________

14. Has your license to practice in any state ever been revoked or suspended?
Yes______ No_____ If yes, give details _______________________________________
________________________________________________________________________
________________________________________________________________________

15. I have been licensed to practice optometry in the following states:
_______________________________________________________________________
_______________________________________________________________________

16. If you have practiced, list locations and years of practice:
_______________________________________________________________________
_______________________________________________________________________

17. Have you every pled guilty, nolo contendere, or been convicted or, received probation
before judgement of any criminal act (excluding traffic violations)?
If yes, please explain. _____________________________________________________
________________________________________________________________________
________________________________________________________________________
18. Are you addicted to the use of narcotics or intoxicants? ___________________________

19. Maryland requires passage of the NBEO Examinations, Part I, Basic Science; Part II, Clinical Science; and Part III, Patient Care; for licensure. Please indicate the dates you have taken or plan to take these examinations:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science</td>
<td></td>
</tr>
<tr>
<td>Clinical Science</td>
<td></td>
</tr>
<tr>
<td>Patient Management Problems</td>
<td></td>
</tr>
<tr>
<td>Clinical Skills</td>
<td></td>
</tr>
</tbody>
</table>

An official copy of your scores on these examinations must be forwarded to the Board Office. Maryland accepts the NBEO minimum passing score on these examinations.

20. I enclose a recent passport size photograph of myself and the examination fee of Three Hundred Dollars ($300).

21. As to character and reputation, I refer you to the following four named persons (non-relative) who have known me over two (2) years. A letter from each of these people must be sent directly to the Board Office.

Name:________________________________________________________________________

Address:_______________________________________________________________________

Name:________________________________________________________________________

Address:_______________________________________________________________________

Name:________________________________________________________________________

Address:_______________________________________________________________________

Name:________________________________________________________________________

Address:_______________________________________________________________________
AFFIDAVIT
STATE OF ____________
COUNTY OF ___________

Before the undersigned, a Notary Public for the County and State aforesaid,
on the _______day of______________________________ personally appeared

__________________________________________________ who being first duly sworn, says that

Applicant’s name

he/she is the person referred to in, and who signed the foregoing application for licensure as an
Optometrist in the State of Maryland; that the facts and statements therein contained are true to
the best of his/her knowledge and belief.

_____________________________________
Notary Public

My commission expires________________________
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) ______________________ (Professional) directly to the Maryland State Board of Examiners in Optometry at the address on this letterhead.

________________________________________________

Signature

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part II</td>
<td>Score</td>
</tr>
<tr>
<td>Part III</td>
<td>Score</td>
</tr>
<tr>
<td>TMOD</td>
<td>Score</td>
</tr>
</tbody>
</table>

☐ 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.
   ________________________________________________________________
   ________________________________________________________________
   _____ / _____ / ______

I. List Attachments for Item H ____________________________________________

Signature: ____________________________________________
Print Name: ____________________________________________
Title: __________________________________________________
State Board: ____________________________________________
Address: ________________________________________________

Phone No. (_____ ) _______-________
Date: _____/_____/_______

State Seal