



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Board of Examiners in Optometry

4201 Patterson Avenue Room 307

Baltimore, Maryland 21215-2299

(410) 764-4710 FAX (410) 358-2906

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

E-mail: [dhmf.optometry@maryland.gov](mailto:dhmf.optometry@maryland.gov)

## REQUIREMENTS FOR ORIGINAL OPTOMETRY LICENSE

- Applicants must have obtained their 18<sup>th</sup> birthday.
- Applicants must be of good moral character.
- The academic requirements must be at least six calendar years at the college level, four years of which shall have been completed at an accredited college of optometry or university school of optometry.
- All final transcripts from pre professional and professional schools must become part of the application file. Transcripts will be considered valid only when received from schools with an official seal thereon.
- A copy of your diploma must be sent and therefore must become a part of your file.
- Contact the NBEO office at 800-969-EXAM (3926), directly for information on application and deadlines for the NBEO examinations. **Maryland requires passage of: Part I, (Applied Basic Science); Part II, (Patient Assessment and Management); TMOD, (Treatment and Management of Ocular Disease); and Part III, (Clinical Skills Exam),** 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 and is nonrefundable.
- A letter of recommendation from the three persons listed on the application must accompany this paperwork.
- **Verification of License.** If you are now or have ever been licensed in any state, verification must be completed by the licensure board in each state. The verification documentation must come directly to the Board from the State's Board where you were licensed to practice. If you need additional verification forms, you may copy the blank form and send it directly to the other states providing verification of your licensure.
- Maryland requires passage of an examination on Maryland Optometry Law. This is an open book examination that requires a passing score of 75.



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**ORIGINAL LICENSE APPLICATION**

**Applicant Information**

Last Name			First Name			Middle		
Current address								
City			State			Zip Code		
Home number			Mobile number					
Email address								
SSN:		Date of birth ____/____/____				OE Tracker #		
Male _____				Female _____				

**Veteran and Spousal Preference**

- Are you an active duty service member or the spouse of an active duty service member? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes \_\_\_\_\_ No \_\_\_\_\_

Address				
City		State		Zip Code
Date of Graduation		Type of Degree		Total # of Credits

**Race/Ethnic Identification – Please check all that apply**

Are you of Hispanic or Latin origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Select one or more of the following racial categories

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

**Education**

**Name and Address of undergraduate college(s)/University attended and total credits and degree.**

Name of College or University

Address

City

State

Zip Code

Date of Graduation

Type of Degree

Total # of Credits

Name of College or University

Address

City

State

Zip Code

Date of Graduation

Type of Degree

Total # of Credits

**School of Optometry**

Name of School of Optometry

Address

City

State

Zip Code

Date of Graduation

Degree

**References**

As to character and reputation, I refer you to the following named persons, (three recommendations; all non relatives), 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

## Answer all Questions

1. Have you ever been refused examination by a State Board?	Yes _____ No _____
2. Have you previously taken the Maryland Board of Licensure Examination? If yes, date taken _____	Yes _____ No _____ Year _____
3. Have you ever failed an examination before a Board or have you ever been refused a license? If yes, provide details.	Yes _____ No _____
4. Has your license to practice in any state ever been revoked or suspended? If yes, provide details.	Yes _____ No _____
5. I have been licensed to practice optometry in other State(s)  State _____ License Number _____ State _____ License Number _____	Yes _____ No _____
6. If you have practiced, list locations and years of practice  State _____ # of Years _____	
7. Have you ever pled guilty, nolo contendere, or been convicted or received probation before judgment of any criminal act (excluding traffic violations)? If yes, please explain and submit all legal documentation.	Yes _____ No _____
8. Are you addicted to the use of narcotics or intoxicants?	Yes _____ No _____
9. Maryland requires passage of the NBEO Examination, Part I, Basic Science; Part II, Clinical Science; Part III, Patient Care and TMOD Treatment and Management of Ocular Disease; for licensure. An official copy of your scores must be forwarded to the Board Office.	
Examination	Date
Part I _____	_____
Part II _____	_____
Part III _____	_____
TMOD _____	_____

# PHOTOGRAPH

Attach a recent passport type photograph (2"x2")

Applicant must sign the back of the photograph

# 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 and \$300.00 fee, payable to:  
The Maryland Board of Optometry  
4201 Patterson Avenue, Room 307  
Baltimore, MD 21215-2299

# NOTARY DOCUMENTATION

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

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

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Seal

## For Office Use Only:

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Amount \$ \_\_\_\_\_ Date Application Approved \_\_\_\_/\_\_\_\_/\_\_\_\_  
License# \_\_\_\_\_ TPA \_\_\_\_\_ DPA \_\_\_\_\_ Active Practice Affidavit: \_\_\_\_\_ Photo: \_\_\_\_\_ Law Exam \_\_\_\_\_ Score: \_\_\_\_\_ Photocopy of  
Diploma: \_\_\_\_\_ State Affidavit \_\_\_\_\_ NBEO Scores Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III \_\_\_\_\_ TMOD \_\_\_\_\_ Copy of Current  
License(s): \_\_\_\_\_ Number of CE Hours: \_\_\_\_\_ 3 Letters of Recommendation \_\_\_\_\_ 8 Hours Steroids: \_\_\_\_\_ CPR: \_\_\_\_\_ Certification  
Application: DPA \_\_\_\_\_ TPA \_\_\_\_\_ Upgrade Date: TPA \_\_\_\_/\_\_\_\_/\_\_\_\_ DPA: \_\_\_\_/\_\_\_\_/\_\_\_\_ Resume \_\_\_\_\_ Reinstatement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reapplication Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Undergraduate Transcripts \_\_\_\_\_ Optometry School Transcript \_\_\_\_\_



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## *Optometric Jurisprudence Examination*

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_



5. Give two types of statements, which the Board's advertising regulation states that an optometrist's advertising may **not** contain.

6. The Board's regulation states that an optometrist should ensure that the patient knows the identity of the optometrist providing the care for the patient. Give three ways an optometrist must identify himself.

7. Optometrists in Maryland who are certified by the Board may administer diagnostic and/or therapeutic agents, depending on their certification. From the list below please circle the agents a DPA optometrist can use and the agents a TPA optometrist can prescribe.

DPA: circle all that apply

Homatropine

Tropicamide

Zymar

Fluress

Tetracaine

Rose Bengal

Patanol

TPA: circle all that apply

Homatropine

Atropine

Vigamox

Viroptic

Pred Forte

Nevanac

Xalatan

CIRCLE THE CORRECT ANSWERS TO THE FOLLOWING QUESTIONS:

8. Which of the following oral medications are currently authorized to be prescribed by TPA optometrists in Maryland?
- a. Augmentin
  - b. Levaquin
  - c. Darvocet
  - d. Doxycycline
9. Which of the following is incorrect?
- a. John Smith, O.D.
  - b. Dr. John Smith: Optometrist
  - c. Dr. John Smith: Eye Specialist
10. Active practice means practices optometry for at least 500 hours within 3 consecutive years?
- a. True
  - b. False
11. Which of the following is not correct regarding the renewal of licenses?
- a. A license may be renewed for a term longer than 2 years.
  - b. At least 1 month before a license expires, the Board shall send a renewal notice to the licensee, by first class mail to the last known address.
  - c. A licensee may renew a license if the licensee pays a renewal fee, submits a renewal application and documents satisfactory evidence of compliance with the continuing education requirements.
  - d. If an optometrist does not renew a license before its expiration date, the Board will send a notice stating that the license will expire 30 days after the notice is sent unless the optometrist applies for renewal within the grace period.
12. How many people are on the Maryland State Board of Examiners in Optometry?
- a. 5 licensed optometrists
  - b. 5 licensed optometrists and 2 consumer members
  - c. 6 licensed optometrists
13. Board members who are appointed, by the governor, to the Board of Examiners in Optometry must have practiced actively and continuously in Maryland for how many years?
- a. 3 years
  - b. 10 years
  - c. 5 years
  - d. 7 years
14. Members of the Board serve a term of how many years?
- a. 2 years
  - b. 4 years
  - c. 6 years
  - d. 8 years

15. If the Board finds there are grounds to suspend or revoke a license, the Board has the authority to do which of the following?
- a. Fine the optometrist \$5000
  - b. Require an ethics course or other related courses
  - c. Invoke probation and monitor at the optometrist's cost
  - d. All of the above
16. An optometrist appearing before the Board for a formal hearing has the right to be represented by an attorney?
- a. True
  - b. False
17. According to Maryland law, each licensed optometrist is required to display his or her license conspicuously in the optometrist's office?
- a. True
  - b. False
18. Continuing education may **not** be allowed when a specific product, technique, ~~practice~~, or company is promoted or promulgated for the economic benefit of a particular person, company, or group?
- a. True
  - b. False
19. A consumer member of the Board may have previously been an optometrist as long as he or she is no longer practicing optometry?
- a. True
  - b. False
20. A formal, written, complaint is **not** required in order for the Board to issue subpoenas in connection with any investigation of charges concerning a violation of the law?
- a. True
  - b. False
21. A person who acts in good faith and within the scope of the jurisdiction of the Board is not civilly liable for giving information to the Board or otherwise participating in Board activities?
- a. True
  - b. False
22. In connection with any investigation of charges for violation of the law, the Board may request the licensee to submit to an appropriate physical or mental examination by a licensed physician designated by the Board?
- a. True
  - b. False
23. An optometry student who is participating in an externship or residency program under the direct supervision of a licensed optometrist must obtain a license from the Board before beginning the externship or residency program?
- a. True
  - b. False

24. To become TPA certified, an optometrist must show proof of CPR certification?
- a. True
  - b. False
25. An optometrist who is TPA certified must complete 50 credit hours in TPAs every two years to maintain TPA certification?
- a. True
  - b. False
26. It is acceptable for a licensee to provide professional services to an individual with whom the licensee previously has engaged in sexual behavior, so long as the previous sexual relationship occurred more than 2 years prior to the optometric examination?
- a. True
  - b. False
27. A licensee may engage in sexual relationship with a patient so long as the sexual relationship is consensual?
- a. True
  - b. False



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### 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



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**ORIGINAL APPLICATION FOR LICENSURE CHECKLIST**

Use this checklist as a guide in determining the submission of required documentation.

APPLICATION SIGNED AND NOTARIZED	_____	_____
	YES	NO
CHECK FOR \$300.00	_____	_____
	YES	NO
UNDER GRADUATE TRANSCRIPTS	_____	_____
	YES	NO
OPTOMETRY TRANSCRIPT	_____	_____
	YES	NO
RECENT PHOTOGRAPH	_____	_____
	YES	NO
LETTERS OF RECOMMENDATION (NEED 3 LETTERS)	_____	_____
	YES	NO
PHOTOCOPY OF OPTOMETRY DIPLOMA	_____	_____
	YES	NO
NBEO SCORES		
PART I	_____	
PART II	_____	
PART III	_____	
TMOD	_____	
LICENSURE AFFIDAVITS FROM EVERY STATE WHERE YOU HAVE BEEN LICENSED	_____	_____
	YES	NO
MARYLAND LAW EXAM COMPLETED	_____	_____
	YES	NO
DPA / TPA APPLICATION SIGNED AND NOTARIZED	_____	_____
	YES	NO
CURRENT CPR CARD	_____	_____
	YES	NO