



## Maryland Board of Examiners in Optometry

4201 Patterson Avenue, Room 307  
Baltimore, Maryland 21215-2299

Phone: (410) 764-4710 Fax: (410) 358-2906

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

Email: [mdh.optometry@maryland.gov](mailto:mdh.optometry@maryland.gov)

### REQUIREMENTS FOR PARTIAL WAIVER APPLICATION

**(The Code of Maryland (COMAR) 10.28.08.01, Partial Waiver of Examination defines that active practice means practices optometry for at least 500 hours within 3 consecutive years.)**

The Maryland Board of Optometry may waive the examination requirements for an individual that is licensed to practice in any other state.

- Applicant must have obtained their 18<sup>th</sup> birthday.
- Provide Active Practice Affidavit that you have been actively practicing optometry for 3 years immediately prior to applying for licensure.
- The Board may waive the requirements for practicing optometry actively for an applicant who for three years immediately before applying:
  - Was teaching optometry
  - Was a military optometrist
  - Was a supervisor or administrative optometrist or
  - Was a researcher in optometry

For 3 years before applying, you must have met the continuing education requirements in the other state. If the other state does not have continuing education requirements, you must meet the requirements for continuing education in Maryland. Maryland's continuing education requirements for the past three years have been 18 hours each year, or total of 54 hours.

- Provided an affidavit from the other state licensing board attesting that you became licensed in the other state, by passing an examination given by the board of optometry in that state.
- You must not have failed the Maryland state licensure examination within 5 years before applying for licensure.
- Maryland requires passage of an examination on the Maryland Optometry Law. This is an open book examination with a passing score of 75.
- Verification of Licensure. If you are now or ever have been licensed in any other state, verification must be completed by the licensure board in each state. This verification must come directly to the Board from the other licensure board office. If you need additional forms, you may make copies and send them directly to the other states.
- Contact the NBEO office **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. Application fees are not refundable.



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### APPLICATION for LICENSURE by PARTIAL WAIVER of EXAMINATION

#### 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

1. Are you an active duty service member or the spouse of an active duty service member? Yes \_\_\_\_\_ No \_\_\_\_\_
2. 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 \_\_\_\_\_

## 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 \_\_\_\_\_

I have been licensed to practice optometry in other state(s). A Photocopy of proof of all licenses must be submitted to the Board.

I am a registered optometrist in the State(s) of

State \_\_\_\_\_ License Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this license ever been subject to disciplinary actions? Yes \_\_\_\_\_ No \_\_\_\_\_. 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.

A. Have you ever been denied a license in any state? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain

B. Has your license to practice in any state ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give details.

## Active Practice

**(Practices optometry for at least 500 hours within 3 consecutive years)**

**A. Have you engaged in active practice immediately before applying for licensure?**

Yes \_\_\_\_\_ No \_\_\_\_\_

State \_\_\_\_\_

License Number \_\_\_\_\_

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

**If yes, please attach the active practice affidavit to the application. This notarized affidavit may be completed by a colleague, employer, business associate, etc.**

**B. Exemption from 3 year direct patient care requirement**

Please indicate if during the 3 years prior to this application, you have been actively engaged in one of the following:

- a. Teaching optometry \_\_\_\_\_
- b. Military optometrist \_\_\_\_\_
- c. Supervisor or Administrative optometrist \_\_\_\_\_
- d. Research optometrist \_\_\_\_\_

If yes, please attach a letter to the application or other document verifying that you have been engaged for 3 years prior to this application.

## Optometry Education

A photocopy of proof of graduation from an optometric institution approved by the AOA council of Optometric Education must accompany this application.

School Of Optometry

Address

City	State	Zip Code
Date of graduation	Degree Awarded	

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 _____	_____

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

Name	Address	Date ___/___/___
Name	Address	Date ___/___/___
Name	Address	Date ___/___/___
Name	Address	Date ___/___/___

PHOTO

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 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: \_\_\_\_\_ 8 Hours Steroids: \_\_\_\_/\_\_\_\_/\_\_\_\_ CPR: \_\_\_\_\_ Certification Application: DPA \_\_\_\_\_ TPA \_\_\_\_\_ Upgrade Date: TPA \_\_\_\_/\_\_\_\_/\_\_\_\_ DPA: \_\_\_\_/\_\_\_\_/\_\_\_\_ Resume \_\_\_\_\_ Reinstatement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reapplication Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Optometry School Transcript \_\_\_\_\_



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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):

- |                                    |                |             |
|------------------------------------|----------------|-------------|
| <input type="checkbox"/> 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 optometrists 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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### *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