Maryland Board of Examiners in Optometry



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PARTIAL	WAIVER APPLICA	ATION CHECKLIST	
Use this checklist as a guide in determining re	equired documenta	tion.	
APPLICATION SIGNED AND NOTARIZED			
CHECK FOR \$300.00	YES	NO 	
YES RECENT PHOTOGRAPH		NO	
YES		NO	
ACTIVE PRACTICE AFFIDAVIT COMPLETED _	YES	NO	
PHOTOCOPY OF OPTOMETRY DIPLOMA	YES	NO NO	
COPY OF All CURRENT STATE LICENSE(S)	YES	NO	
CONTINUING EDUCATION: LETTER FROM BOARD STATING THEIR CE RE MET THAT STATE'S REQUIREMENT	EQUIREMENTS AND		
_	YES	NO	
/OR PROOF OF 54 HOURSLICENSURE AFFIDAVITS FROM EVERY STATE		NO RENTLY HOLD OR HELD A LICENSE	N/A
YES NO MARYLAND LAW EXAM COMPLETED			
	YES	NO	
DPA / TPA APPLICATION SIGNED AND NOTAL	RIZEDYES		
CURRENT CPR CARD		,,,,	
YES		NO	
RESUME/CV			
YES		NO	
123		NO	