

**APPLICATION FOR PARTIAL WAIVER CHECKLIST**

Use this checklist as a guide in determining required documentation.

APPLICATION SIGNED AND NOTARIZED \_\_\_\_\_

CHECK FOR \$300.00 \_\_\_\_\_

RECENT PHOTOGRAPH \_\_\_\_\_

ACTIVE PRACTICE AFFIDAVIT \_\_\_\_\_

PHOTOCOPY OF OPTOMETRY DIPLOMA \_\_\_\_\_

COPY OF CURRENT STATE LICENSE \_\_\_\_\_

CONTINUING EDUCATION:

LETTER FROM BOARD STATING THEIR CE REQUIREMENTS AND THAT YOU HAVE MET THAT STATES REQUIREMENT \_\_\_\_\_

OR PROOF OF 54 HOURS \_\_\_\_\_

LICENSURE AFFIDAVITS FROM EVERY STATE WHERE YOU HAVE BEEN LICENSED \_\_\_\_\_

MARYLAND LAW EXAM COMPLETED \_\_\_\_\_

DPA / TPA APPLICATION SIGNED AND NOTARIZED \_\_\_\_\_

CURRENT CPR CARD \_\_\_\_\_

RESUME/CV \_\_\_\_\_